

The role of chronic pain and suffering in contemporary society

Tidsskrift for Forskning i Sygdom og Samfund

Nr. 13, 2010

Tidsskrift for Forskning i Sygdom og Samfund

Nr. 13: *The role of chronic pain and suffering in contemporary society*

© 2010 forfatterne og udgiverne.

Redaktion:

Mette Bech Risør (ansv.), Forsningsklinikken for Funktionelle Lidelser, Århus Sygehus
Torsten Risør, Forskningsenheden for Almen Praksis, Aarhus Universitet
Gitte Wind, VIA University College, Århus
Lotte Meinert, Institut for Antropologi og Etnografi, Aarhus Universitet
Peter Vedsted, Forskningsenheden for Almen Praksis, Aarhus Universitet
Ann Dorrit Guassora, Forskningsenheden for Almen Praksis, Københavns Universitet
Susanne Reventlow, Forskningsenheden for Almen Praksis, Københavns Universitet

Gæsterektor:

Marie Østergaard Møller, Department of Political Science, Aarhus University
Lise Kirstine Gormsen, Danish Pain Research Center, Aarhus University Hospital

Peer review foretages af et tværvidenskabeligt panel bestående af bl.a. læger, antropologer, filosoffer, historikere, psykologer, politologer og sociologer.

Proof: Thomas Christian Mikkelsen.

Layout og prepress: Jens Kirkeby, Aarhus Universitet & Thomas Christian Mikkelsen.

Tryk: Werks Offset, Højbjerg.

Udgiver:

Foreningen Medicinsk Antropologisk Forum,
Afd. for Antropologi og Etnografi, Aarhus Universitet, Moesgård, 8270 Højbjerg.

Bestilling, abonnement, henvendelser og hjemmeside:

Tidsskrift for Forskning i Sygdom og Samfund.
Afd. for Antropologi og Etnografi, Aarhus Universitet, Moesgård, 8270 Højbjerg
Torsdag kl. 9-12, tlf. 89424597, email: sygdomogsamfund@hum.au.dk
www.sygdomogsamfund.dk
ojs.statsbiblioteket.dk/index.php/sygdomogsamfund/index

ISSN: 1604-3405

Tidsskriftet er udgivet med støtte fra Forskningsrådet for Kultur og Kommunikation.

Formål:

Tidsskrift for Forskning i Sygdom og Samfund er et tværfagligt tidsskrift, der tager udgangspunkt i medicinsk antropologi. Tidsskriftet har til formål at fremme og udvikle den forskning, der ligger i grænsefeltet mellem sundhedsvidenskab og humaniora/samfundsvidenskab. Tidsskriftets målsætning er at fungere som et forum, hvor disse fag kan mødes og inspirere hinanden – epistemologisk, metodisk og teoretisk – i forskellige forskningssammenhænge. Tidsskriftet formidler den debat og teoretiske udvikling, der foregår i de voksende faglige samarbejds- og forskningsinitiativer, der udspringer af dette grænsefelt. Tidsskriftet henvender sig til alle med interesse for forskning i sygdom og samfund og i særlig grad til sundhedsmedarbejdere i forsknings- og undervisningssammenhæng med forbindelse til tværfaglige miljøer.

Aims and scopes

The Journal for Research in Sickness and Society is an interdisciplinary journal which has a theoretical background in medical anthropology. The aim and purpose of the journal is to promote and develop research in the borderland between the health sciences and the humanities/the social sciences. The goal of the journal is to function as a forum in which these disciplines may meet and inspire each other – epistemologically, methodologically and theoretically. The journal conveys the debate and theoretical development which takes place in the growing collaboration and research initiatives emerging from this borderland. The journal addresses all with an interest in research in sickness and society and especially health professionals working with education and/or research in interdisciplinary institutions.

Contents

Marie Østergaard Møller & Lise Kirstine Gormsen

Introduction 5

Peter Conrad & Vanessa Lopes Muñoz

The medicalization of chronic pain 13

Lise Kirstine Gormsen

Pain as an object of research, treatment, and decision-making 25

Marie Østergaard Møller

Stereotyped perceptions of chronic pain 33

Claus D. Hansen

Making a virtue of sickness presence - reflections on the necessities of everyday workplace 'suffering' 69

Jane Ege Møller

Lack of motivation as suffering 89

Keld Thorgaard

The normative and epistemological status of pain experiences in modern health care 109

Anders Dræby Sørensen

The paradox of modern suffering 131

Lars Thorup Larsen

The circular structure of policy failure and learning 161

Abstracts på dansk 195

Authors 201

Vejledning til bidrag 205

Beskrivelse af nummer 14 208

'Making a virtue' of going ill to work – reflections on the necessity of everyday workplace 'suffering'

Claus D. Hansen

Department of Occupational Medicine, Regional Hospital Herning
Department of Sociology, Social Work & Organisation, Aalborg University
Claus.Dalsgaard.Hansen@vest.rm.dk

Hansen, C.D. (2010). 'Making a virtue' of going ill to work – reflections on the necessity of everyday workplace 'suffering'. *Tidsskrift for Forskning i Sygdom og Samfund*, nr. 13, 69-88.

How much pain should an employee be prepared to accept when carrying out her job? Are symptoms of illness at work sufficient reason to take sick leave, or simply a normal condition of everyday life that you have to put up with (even if this means suffering pain or discomfort while carrying out your job)? The answer, this paper argues, depends among other things on social class, and more specifically on the extent to which members of different classes feel it 'necessary' to turn up for work even when ill. For some, going ill to work is preferable to taking sick leave because the consequences of doing the latter will be severe. Bourdieu's notion of 'making a virtue of necessity' helps explain why manual workers take a more restrictive view of when it is legitimate to take sick leave than professionals, who are more liable to look at the question purely theoretically.

'Just do it.' – Ronaldo in the World Cup Final

Every self-respecting soccer fan remembers the World Cup Final in Paris in 1998 with equal amounts of surprise, disgust and frustrated expectation. What should have been the most outstanding game of the Brazilian soccer magician Ronaldo's career to date turned into a tragic farce as, mentally exhausted and visibly in pain, he wandered round the pitch bearing no resemblance to the world's best and most expensive soccer player.

At the press conference the day after the final a clearly disappointed Ronaldo said that he had never felt as bad in his entire life as he had on the day of the World Cup Final. "I lay down to sleep and the doctor said that I must have had a seizure lasting between 30-40 seconds. When I woke up I had pains all over the body but they disappeared so I could relax..." Whether it was food poisoning or stress that almost killed Ronaldo as he nearly choked on his tongue during the seizure remains unclear. None of this mattered to Ronaldo, however, because he was determined to play: "I could have 'chickened out' but I wanted to help the team" and for this reason he decided to play this important match.

The story of Ronaldo is perhaps one of the best known examples of 'sickness presence' (SP), the term used in the research literature to denote a person's turning up to work despite feeling ill (see Vingård, Alexandersson & Norlund, 2004). However, the phenomenon of SP is by no means confined to sportsmen. In fact, more than 70% of the participants in a representative study of the Danish core work force conducted in September 2004 claimed they had gone to work at least once during the last year despite feeling it would have been 'reasonable to have called in sick' (Hansen & Andersen, 2008). This figure is in line with results obtained from a representative sample of the workforce in Sweden, where a very similar question was used to assess the prevalence of sickness presence (Aronsson, Gustafsson & Dallner 2000; Aronsson & Gustafsson 2005).

The problem with this claim, however, lies in the ambiguity of the wording: we do not know what kinds of symptoms or illnesses people are referring to; what their criteria for 'reasonableness' are, or indeed whether they were suffering any genuine physical (or mental) illness at the time. Had they, for example, experienced the same kind of symptoms as Ronaldo? If we take another question from the Danish study, we can see that 30% of the work force also report that they occasionally carry out their work while experiencing symptoms of one or more specific illnesses and that 20% sometimes have to alter their work tasks because of this or reduce the speed at which they carry them out.

In other words, it is by no means uncommon – even among the most healthy part of the work force - to experience reduced work ability or pain when performing one's job, or to turn up at work despite feeling one would be entitled to call in sick. But the fact that this is a common phenomenon does not explain why it occurs.

We are not surprised when soccer players and other professional athletes decide to play an important game while drugged by tranquillisers or other types of legal medicaments. We assume, usually rightly, that this decision reflects their own choice and commitment to their work as sportsmen. Some of us might shake our heads because we feel that this exposes the body to unnecessary risk of further injury, while others see it as the epitome of masculinity and devotion to one's sports career. Sportsmen such as Ronaldo endure their suffering in the name of a higher good: helping the team and their mates win the match.

But perhaps Ronaldo did not in fact take part in the game of his own free will. A number of reports in the wake of the match suggest that he may have been forced to play under the terms of the sponsorship agreement between Nike and the Brazilian national football association, in which the chairman of the association, Ricardo Teixeira, may also have had a personal financial stake. If Ronaldo was indeed forced to play the match, the case presents a quite different instance of sickness presence, to which we would also no doubt respond in a quite different way: rather than admiring the sacrifice made by Ronaldo for the sake of his team mates and the sporting ideal, we would probably feel revulsion against a system that forces people to work while ill for the sake of someone else's profit.

Overall, the possible explanations for Ronaldo's decision at the World Cup Final present a nexus of extreme opposites: being forced to play for financial reasons; feeling forced to play in order not to let down team mates; badly wanting to play because the game represents a unique, once-in-a-lifetime opportunity; badly wanting to play because that is what is expected of a professional sportsman seeking to live up to the sporting ideal. While the situations in which 'perfectly ordinary people' go to work when ill may not be as extreme, the nexus formed by Ronaldo's case raises a more general question: to what extent is it fair to demand from people that they continue to work through illness and disease in order to secure a living for themselves? And how does one determine the critical threshold at which this ceases to apply? How much pain should an employee be prepared to accept when carrying out her job? Are symptoms of illness at work sufficient reason to take sick leave, or simply a normal condition of everyday life that you have to put up with (even if this means suffering pain or discomfort while carrying out

your job)? And does the extent to which these conditions have to be accepted vary from situation to situation?

This paper aims to explore these questions. However, it is important to emphasise from the outset that my aim is not to set out a normative basis on which to answer them. Rather, I follow Durkheim in his assertion that:

We do not wish to deduce morality from science, but to constitute the science of morality, which is very different. Moral facts are phenomena like any others. They consist of rules for action that are recognisable by certain distinctive characteristics. It should thus be possible to observe, describe and classify them, as well as to seek out the laws that explain them. (Durkheim 1984:xxv)

One way of investigating these questions would be to look at differences in the moral attitudes governing the decision to take sick leave among different social groups within the Danish core workforce, and the reasons they put forward for going ill to work. Do the relevant moral considerations differ among social classes, and if so, how might these differences be explained sociologically?

So far there have been very few studies of attitudes towards sick leave, and those that exist have mainly been carried out by psychologists whose focus is more on the genesis of individual attitudes than on the social distribution and formation of such attitudes (Johns 1997). All the existing studies on the topic have been case studies dealing with the effect of attitudes on actual sick-leave behaviour in specific firms and occupations, rather than studies amongst the general population. This applies to the research on sickness presence as well, including research focusing on the motives people have for continuing to work despite illness (for a discussion of this see Hansen & Andersen 2008). No studies to date have aimed, as the present study does, to look at differences in practices and attitudes towards sick leave in terms of social class.

Social differentiation in moral attitudes towards taking sick leave

To elicit whether different classes of working people apply different moral rules to the question of sick leave, we posed two simple questions taken from a Danish survey conducted in 2004. The data were taken from a postal questionnaire sent to a random sample of the Danish core work force between the ages of 19 and 64. Only employees who had actually been in employment for at least 80% of the

Social class (EGP)	N	38.2 °C. Too few colleagues. ²	Pains all over body. Need an extra day off to recover. ³
i. Higher professional	592	40 (33 to 46)	8 (1 to 15)
i. Higher managerial	1.356	8 (3 to 13)	-25 (-30 to -20)
ii. Lower professional	2.248	34 (30 to 37)	0 (-4 to 4)
ii. Lower managerial	1.194	11 (6 to 16)	-17 (-22 to -12)
iiia. Routine clerical	1.382	41 (37 to 46)	-6 (-10 to -1)
iiib. Routine service-sales	1.082	15 (9 to 20)	-23 (-28 to -17)
iva. Self-employed w. employees	459	-14 (-22 to -5)	-38 (-46 to -30)
ivb. Self-employed wo. employees	193	9 (-4 to 22)	-20 (-32 to -7)
v. Manual supervisor	362	-12 (-21 to -2)	-40 (-49 to -32)
vi. Skilled worker	1.011	2 (-4 to 7)	-34 (-40 to -29)
vii.a. Unskilled worker – no supervisory duties	2.157	6 (2 to 10)	-23 (-27 to -20)
vii.a. Unskilled worker – supervisory status	378	-9 (-18 to 0)	-36 (-45 to -28)
vii.b. Agricultural labourer	105	-25 (-42 to -8)	-30 (-48 to -13)
ivc. Self-employed farmer	162	-44 (-56 to -31)	-52 (-65 to -40)

1 Difference between proportion who considered sick leave to be reasonable and proportion who considered it unreasonable, i.e. negative scores indicate majority of individuals considered taking sick leave in the given situation to be unreasonable.

2 F has a temperature of 38.2 °C and feels a little unwell. However, F knows that there are already too few people to cope with the work at his/her workplace.

3 G has pains all over his/her body after a hard week at work. G knows that he/she will be fine again if he/she takes Monday off.

Table 1: Attitudes towards taking sick leave in various situations by social class and supervisory status. Opinion balance.¹ (95% Confidence Intervals)

time during the previous year (i.e. core members of the work force) were included in the analysis (18,902 respondents). In all, 12,935 individuals who satisfied the inclusion criteria returned the questionnaire: a response rate of 68%. Comparing the distribution of certain key variables (i.e. age, gender, region and occupational status) in our study with official statistics published by Statistics Denmark, we found that the under-30 age group was slightly under-represented, as were males and people of lower occupational social status.

For this study we asked participants to assess a total of seven different hypothetical situations from the point of view of whether in each case it would be reasonable to take sick leave. In some of these situations sick leave would clearly be regarded as shirking, but several dealt with cases of 'genuine' illness: thus in one hypothetical example the person in question has a temperature of 38.2 Celsius, while in the other s/he is suffering from pains all over the body. In each case, the respondents could answer on a five-point scale ranging from 1 ('very reasonable to take sick leave') to 5 ('very unreasonable to take sick leave').

As can be seen from Table 1 there are differences among the 11 social classes (defined on the basis of the Eriksson-Goldthorpe-Portocarero class scheme (Ganzeboom & Treiman 2003)) in terms of their attitudes towards taking sick leave in the hypothetical situation that a person has a fever and feels unwell, but knows that many of his/her colleagues are also off sick. The most liberal granters of sick leave in this situation (i.e. those with positive scores) were those with the highest education, while the least permissive were manual workers, managers and self-employed people, especially in agriculture. This pattern becomes even clearer when you distinguish members of the service class according to their managerial responsibilities, instead of grouping professionals and managers in the same category. The pattern was repeated when we asked whether it would be reasonable to call in sick when suffering from pains all over the body, although it was generally considered less acceptable to take sick leave in this situation than if suffering from a fever.

What is evident from the table, however, is that there is no simple (e.g. linear or mono-causal) association between moral attitudes to sick leave and social class. Thus manual workers' views appear to be closer to those of the self-employed than do those of other employees, such as clerical or service-sales workers and (in particular) professionals. It would, however, be difficult to argue that the similarity in attitude towards sick leave between workers and self-employed people is due to similar motives or rationales. Moreover, it seems surprising that the social classes with the most taxing work conditions (i.e. those doing repetitive and phy-

Social class (EGP)	N	% indicating sickness absence (SA)	% indicating sickness presence (SP)	Total number of SA and SP episodes ¹	SA to SP index ²
i. Higher Professional	591	73 (69 to 77)	70 (66 to 73)	2.97 (2.78 to 3.18)	3 (-1 to 8)
i. Higher Managerial	1.345	60 (57 to 62)	70 (67 to 72)	2.70 (2.57 to 2.84)	-10 (-13 to -7)
ii. Lower professional	2.241	77 (75 to 78)	73 (72 to 75)	3.38 (3.26 to 3.49)	3 (1 to 5)
ii. Lower managerial	1.188	68 (66 to 71)	76 (73 to 78)	3.25 (3.09 to 3.41)	-7 (-10 to -4)
iiia. Routine clerical	1.366	78 (76 to 80)	75 (73 to 78)	3.58 (3.42 to 3.73)	3 (0 to 5)
iiib. Routine service-sales	1.089	74 (71 to 77)	75 (73 to 78)	3.59 (3.41 to 3.78)	-1 (-5 to 2)
iva. Self-employed w. employees	468	52 (48 to 57)	69 (64 to 73)	3.12 (2.83 to 3.40)	-16 (-22 to -11)
ivb. Self-employed wo. employees	198	61 (54 to 67)	69 (63 to 76)	3.63 (3.14 to 4.11)	-9 (-16 to -1)
v. Manual supervisor	361	65 (60 to 70)	73 (69 to 78)	3.32 (3.01 to 3.63)	-8 (-14 to -2)
vi. Skilled worker	1.015	73 (70 to 76)	71 (68 to 73)	3.33 (3.15 to 3.51)	2 (-1 to 6)
vii.a. Unskilled worker – no supervisory duties	2.181	69 (67 to 71)	71 (69 to 73)	3.51 (3.37 to 3.64)	-2 (-4 to 0)
vii.a. Unskilled worker – supervisory status	385	61 (56 to 65)	75 (70 to 79)	3.32 (3.02 to 3.62)	-14 (-20 to -8)
vii.b. Agricultural labourer	107	67 (58 to 76)	67 (58 to 76)	3.13 (2.58 to 3.68)	0 (-12 to 12)
ivc. Self-employed farmer	170	35 (27 to 42)	67 (60 to 74)	2.82 (2.33 to 3.32)	-32 (-41 to -24)

1 Total number of episodes of SA and SP thus indicating the total number of episodes where the respondent had health problems.

2 Sickness absence to sickness presence index. The dichotomous variables indicating SA and SP were subtracted from each other so that positive scores indicate more SA than SP. The general mean of this index was -3, indicating that the members of the core work force more often go ill to work than stay at home.

Table 2: Different indicators of sickness absence practices by social class and supervisory status. (95% Confidence Intervals)

sically demanding jobs who have little control over their work, higher levels of job insecurity etc.) are less permissive in their attitudes towards taking sick leave than those social classes with better working conditions.

Table 2 shows actual sickness absence practices across social classes. Although the absolute differences between the social classes are minor the relative differences are of interest. Despite the fact that working class people do not have the highest total number of SA and SP episodes, their scores are among the highest, and members of this class are more often sick than higher professionals and managers. However, even if manual workers more burdened by sickness than members of the service class, the ratio of SA to SP is almost identical for all employed non-supervisors. When this measure is used to compare the classes the most marked difference is that between self-employed people and managers on the one hand, and employed people on the other. In other words, even if self-employed people, managers and workers are equally restrictive when it comes to evaluating when it is reasonable to take sick leave, their actual sickness absence practices differ: self-employed people and managers more often choose SP over SA while workers balance the two choices against each other, just as the other classes of employed people do.

Although the evidence could be clearer it would not be too far-fetched to claim that those 'most in need of sick leave' are amongst those most reluctant to accept its legitimacy.

What is the reason for this difference in attitudes towards SA and can it be explained in terms of social class? Has it anything to do with the premises on which respondents from different classes answer the question concerning the legitimacy of SA under various circumstances?

To what extent is it deemed 'necessary' to go ill to work?

Part of this study of sick leave consisted of interviews with 18 different members of the core work force chosen on the basis of differences in overall working conditions; the group thus included people from very different occupations.² From the interviews striking differences emerged between different social classes in terms of the perspectives from which they viewed sick leave.

The context in which the phenomenon is thought about and discussed varies widely across social classes and this may account for the peculiar pattern of social differentiation in moral attitudes towards sick leave.

The necessity of going ill to work amongst workers

Amongst workers sick leave is mostly discussed in terms of the likely consequences of the respondent's, or in some cases his/her colleagues', being absent. Brigitte, a bus driver, said that she had "gone to work with pneumonia. A couple of my colleagues scolded me for that and said I should go home. But I go mad if I stay at home. It really has to be bad if I am to stay in bed. And that is right and fair because it is actually your colleagues you punish every time you are off sick for minor ailments. I can understand that you call in sick if you are genuinely ill. But if it is just an instance of a headache or a minor cold you can quite easily go to work." Like Ronaldo, Brigitte thus judges the legitimacy of sick leave in the light of the strain such a choice would put on her colleagues; for example, she would not want to deprive one of her colleagues of a day off work. This issue was also brought up by some of the other interviewees as a source of discontent amongst colleagues, particularly where certain workers were thought to be too careless in taking sick leave, thereby pushing their workload onto their colleagues.

However, the response from colleagues was not the only factor involved in manual workers' decisions to take sick leave or otherwise. Anni May, a slaughterhouse worker, recounted the following: "Sometimes – when you are feeling a bit unwell and it would be okay to stay at home – you think that you could end up getting in a situation where you would be more ill and have an even bigger need to stay at home. Taking these minor spells of sick leave over a short period of time is not very clever. You don't want to have too many spells of sick leave. I don't think it's very clever to be registered that many times, to be ill that often." Interviewer: "Do you think that could have an impact on the decision to fire someone?" Anni May: "Yes. I am very certain it would."

On top of the pressure from colleagues, then, there was also a latent fear that high levels of sick leave could be used against you if at some point your firm had to reduce its workforce. Financial as well as other factors naturally make people fearful of unemployment, and the direct economic consequences of sick leave were also mentioned briefly by a few of the participants. The financial stakes may not be as high as they were for Ronaldo, but in some situations this issue plays a role for ordinary people as well.

A third and final example of the consequences that need to be borne in mind when absence is considered amongst workers is recounted by Billy, a truck driver who spends two evenings a week away from home driving from Western Jutland to Copenhagen and back again: "Sometimes you can become ill in Copenhagen or

on your way there and then you have no way to take a day off sick. This happens rarely, perhaps once a year but it does happen and when it does you have to keep going. Then you can take some tranquillisers that help calm you mentally as well as helping the pain.”

In this situation Billy has little choice but to carry on despite feeling ill, since home is too far away for him to get there immediately. The underlying factor here, also mentioned by several other workers in different contexts, is lack of control over one’s work situation (in this instance due to the distance between work and home). One of the workers interviewed had to take prolonged leave of absence due to having undergone surgery on his hand, which made it physically impossible for him to perform his work. Workers are more likely than professionals to be forced to take time off work for reasons of this kind, since the work done by professionals is physically less demanding and may be more easily adjustable.

All the above cases illustrate situations in which it may not be straightforward to take sick leave as a solution to illness. Indeed the interviewees quoted all suggest that turning up at work despite ill health may either be necessary or preferable, given the potential consequences of calling in sick.

However, these practical considerations do not explain the relatively restrictive moral attitude taken by skilled and unskilled workers towards taking sick leave. In fact, one might have expected that those who feel forced to go ill to work would be likely to consider this unreasonable and unfair when asked to judge a hypothetical example. In seeking to illuminate this, it may be useful to refer to Bourdieu’s notion of ‘making a virtue out of necessity’.³ Bourdieu argues that we constantly internalize the structure of social space in such a way that we continuously transform

necessities into strategies, constraints into preferences, and, without any mechanical determination, [generate] the set of ‘choices’ constituting life-styles.... It is a virtue made of necessity which continuously transforms necessity into virtue by inducing ‘choices’ which correspond to the condition of which it is the product. (Bourdieu 1984:175).

Workers may decide to go to work when they are ill because they have no real alternative (their work is too inflexible) or because the alternatives are worse: making oneself unpopular among colleagues being laid off in the next round of job cuts, or losing part of one’s income. Since workers are bound to working conditions that they have little or no chance to change, they therefore – Bourdieu would argue – transform necessity into virtue, turning this constraint into a preference

and a positive 'choice' on which they put value. A nursing assistant whom I interviewed said she was 'proud of herself' for having turned up at work despite having fractured her arm and bumped her head on her way there. And, as we saw above, Brigitte argued that by taking sick leave one might be punishing one's colleagues; she thus indirectly affirms the value of going ill to work and of maintaining a strict moral attitude towards taking sick leave.

Sick leave as a threat

Among self-employed people and employees with managerial responsibilities, the discussion of legitimate or illegitimate absence tended to focus on the logistical problems created when their own employees or people over whom they had supervisory status took sick leave. In other words, they embarked not so much from their own experiences of illness as from their experience of running a business or managing a department when others fell ill. Here again the 'necessity' of working was an issue – but it was seen from a different perspective.

Olivia, the nursing assistant at an elder care institution mentioned above, had responsibility for making the duty roster for herself and her colleagues. Asked what the worst part of her job was, she said: "The worst is if three people call in sick and you have no idea where to get substitutes. That can be very stressful. And if it's a Monday where I know I have to plan the duty roster I know I have to take over those clients and extend my day." In some cases the logistical problems created by sick leave can be solved through adjusting the work e.g. by lowering the service provided by the nursing assistants on a particular day. However, most of the time this is not possible, either because the services in question are regulated by law, or because reducing one's service or postponing an appointment as a self-employed person could mean losing a customer. In these cases the only solution may be to continue working through illness or, in the case of others' illness, to take over their tasks and work overtime.

Pablo owns a plant that provides electricity solutions to other companies. For him, sick leave among his employees can be a major concern: "It is annoying for the firm because it is expensive. Of course it is first and foremost a tragedy for the employee. He has to get on his feet again. But it is definitely also expensive for the firm. We have to pay full wages to those employees and we are not insured. So that amounts to having four men working in order to pay for the sick employee to sit at home... But he will be back. We definitely want to keep him, he is good. But it is a strain for the firm, financially." The use of purely economic reasoning is

characteristic of most of the self-employed, who also believe that economic incentives are the most effective way to regulate and prevent unnecessary instances of sick leave.

Among this group of people, then, it is the consequences of others' taking sick leave that causes the most immediate concern. They, too, are restrictive in their moral attitude towards taking sick leave, but here the 'necessity' or desirability of a person's continuing to work through illness is seen from another perspective.

Distance from the necessity to go to work when ill

But what about the professionals? One may wonder why they are not equally strict in their attitudes towards taking sick leave. This group has less personal experience of taking leave, mainly because they generally enjoy better health and more supportive working conditions. Thus fewer examples were given in the interviews with professionals of their having to go to work when ill.

One exception was Beatrice, a school teacher, who described the reasons behind one of the rare occasions when she had gone to work despite feeling ill: "Sometimes you have prepared something where you think: 'It will be exciting to try this out, to see how it works.' Then it would be extremely frustrating if you got ill and a substitute teacher had to step in and carry out the activities you'd spent time and energy preparing. The more energy and the more of your soul you invest in your work the easier it will be to go to work (despite feeling ill)." This justification for going ill to work is framed in an entirely different and more positive light than any of the examples mentioned above. Beatrice did so because she felt compelled to be at the school for the special activity that she had spent a lot of time and energy on preparing. In this sense, her motives for working through illness are not dissimilar to those attributed to Ronaldo when he played in the World Cup Final.

None of the other professionals interviewed had at any time felt compelled to go to work when they were ill, although John, a former salesman now employed in a bank, felt pressurized by his boss and therefore felt slightly bad about calling in sick: "No, I have never gone to work when feeling ill. If I really feel ill I put my foot down. Always. Some of the places I have been employed I have felt bad about backing out... They failed to understand that it was reasonable. This has mostly been in sales jobs where you are under pressure to meet certain targets. Five days away from work due to illness means five days less to meet the targets you are constantly evaluated on. In those jobs illness is much more problematic." John

points to a conflict between management and himself with regard to the priorities given respectively to looking after yourself when ill and trying to fulfil work targets. Perhaps the fact that John is highly educated and has had a number of job offers accounts for his not succumbing to pressure from his boss even when he feels slightly bad about taking sick leave.

The fact that professionals are less replaceable than manual workers and have comparatively little experience of being ill and of needing to take decisions over sick leave may be one of the reasons this group takes a more permissive attitude towards absence. They appear to feel less constrained in their choices: more distant from the necessities governing the choices made by other groups. Thus it would seem that they are able to take a more theoretical or 'scholastic' view of the legitimacy or otherwise of sick leave. The question for them may be akin to a broad political issue, rather than one that impacts immediately on their own personal lives (see Bourdieu, 2000)

Reasons for going ill to work

If we set aside for the remainder of this discussion the self-employed and those employees that have supervisory responsibility, we might ask whether the more restrictive view among workers concerning the legitimacy of taking sick leave is not just the result of situational factors that impact more directly on SA practices among workers? Might workers be restrictive because their absence-taking impacts more directly on their colleagues' work? Can we not account for the differences purely on the grounds that members of the working class are more directly affected by taking sick leave than is the case among professionals?

While this is plausible, it does not explain the pattern that emerges in Table 3 below. What we can see here is that those classes that are most aware of the consequences for colleagues of their taking sick leave are routine clerical and routine service/sales employees. However, these groups were amongst the least restrictive when it came to evaluating the legitimacy of taking absence when suffering from a fever or pains all over the body. Moreover, it seems that both skilled and unskilled workers are more likely to go ill to work out of pride than the other classes, which again emphasises the moral connotations associated amongst working class people with taking sick leave or refraining from doing so.

In other words, if the class differences shown in Table 1 were purely a result of situational factors such as the impact that taking sick leave would have on your colleagues' work schedule, how can it be that those classes most affected by such

factors are not more restrictive in their attitudes than workers? Moreover, why is it that members of the working class, who experience the most taxing working conditions, embrace the view that it is unreasonable to take sick leave even when suffering from fever and pain? Why do they not consider it unfair and unacceptable that people should have to go to work despite ill health?

In seeking to answer these questions, we may turn again to Bourdieu's idea of 'making a virtue of necessity'. If going ill to work is perceived as unavoidable and 'necessary', as less problematic than the consequences of taking sick leave, this could lead to an idealization of SP (or at least the absence of SA) as something to be proud of. From this perspective, going ill to work becomes a sign of responsibility, consideration and will power, personal attributes that are highly valued at least amongst certain classes in modern society. This type of reasoning is also implicit in the case of Ronaldo although he does not use the terminology of pride directly. If he had 'chickened out' and decided to take sick leave instead of playing in the World Cup Final despite feeling ill, he would most likely have had a feeling of shame and of letting down his team-mates: feelings directly contrary to that of pride.

From the point of view of the professionals, however, it would seem that working-class respondents, and Ronaldo in the case of the World Cup, are idealizing a potentially reckless type of behaviour which should be discouraged rather than applauded because of its negative consequences. Ronaldo risked further injury by continuing to play when his body was saying 'no', and several recent studies have shown that frequent SP may have detrimental effects on health amongst ordinary people too (as well as putting colleagues at risk of contracting infectious disease) (Kiwimäki et. al. 2005; Bergström et. al., 2009; Hansen & Andersen, 2009). From this point of view workers are mistaken in regarding the practice of going ill to work as an act of nobility, when in fact it is potentially harmful and indefensible. John, the bank employee mentioned above, relates the following about a colleague and his inclination to go ill to work: "There have been situations where I have thought to myself: 'Why did he not stay at home in bed today?' ... Some people may think you have to be at death's door before you can stay at home from work... It's mostly one of my colleagues. He can sometimes be at work looking critically ill but remaining there while struggling to keep upright. I think that is nonsense." To John then, there is nothing noble about going ill to work – he dismisses this type of behavior as 'nonsense'.

It may be that the differences between members of the working class and members of the service class point to a wider and more fundamental difference in attitude relating to the moral-political status of pain and 'everyday suffering'. Are

Social class (EGP)	N	% indicating SP due to 'consideration of colleagues'	% indicating SP due to 'consideration of clients/customers'	% indicating SP due to 'work piling up'	% indicating SP due to 'taking pride in no SA'	% indicating SP due to 'fear of colleagues'	% indicating SP due to 'fear of getting fired'
i. Higher Professional	429	69 (65 to 74)	74 (70 to 78)	69 (65 to 73)	50 (45 to 55)	13 (10 to 16)	10 (8 to 13)
ii. Lower Professional	1,687	76 (74 to 78)	70 (68 to 73)	63 (61 to 65)	55 (52 to 57)	14 (13 to 16)	11 (9 to 12)
iiia. Routine clerical	1,039	85 (83 to 88)	60 (57 to 63)	51 (48 to 54)	51 (48 to 54)	16 (14 to 18)	9 (7 to 10)
iiib. Routine service-sales	831	86 (83 to 88)	54 (51 to 58)	46 (43 to 50)	58 (54 to 61)	20 (18 to 23)	15 (12 to 17)
vi. Skilled worker	733	77 (74 to 80)	49 (45 to 52)	49 (46 to 53)	64 (61 to 68)	15 (13 to 18)	16 (13 to 18)
vii. Unskilled worker – no supervisory duties	1,565	77 (75 to 79)	40 (38 to 42)	30 (27 to 32)	62 (59 to 64)	15 (13 to 17)	18 (16 to 19)
viiib. Agricultural labourer	70	73 (62 to 84)	36 (24 to 47)	64 (53 to 76)	70 (59 to 81)	23 (13 to 33)	13 (4 to 21)

Table 3: Reasons for going ill to work amongst social classes with non-supervisory status (95% Confidence Intervals).

pain and discomfort simply a part of the human condition that one has to put up with, even if this means turning up at work despite feeling ill? Is going to work despite feeling ill something to feel proud about? Or do people in modern societies have the right to take sick leave when they are not feeling well, even if this means that the duties and tasks relating to their social roles are not carried out, perhaps creating inconveniences for other people who depend on them? Could it be that the answers to these questions are part of a symbolic struggle between different classes relating to the status of work and health (and the entwinement of the two) in modern societies?

There is unfortunately too little evidence in this study to answer this question unequivocally. But if we recall another idea from Bourdieu, namely that different social spaces are homologous to each other in modern societies, we may argue that the two general socio-logical mechanisms that structure class differences in modern societies (volume of capital and composition of capital) would also underlie class differences regarding moral attitudes towards sick leave (Bourdieu 1984, p. 175-7). This would mean not only that the readiness or otherwise of different classes to take sick leave would be influenced by the “distance from necessity” (i.e. the degree to which they considered it necessary, or otherwise, to go ill to work), but also that the composition of capital (i.e. the relative contribution of cultural vs. economic capital) would result in different responses to the ‘necessity’ of taking leave or going ill to work. If attitudes towards taking sick leave are akin to other political attitudes, this would mean that the differences between class fractions with different compositions of capital would be greater with increasing levels of overall volume of capital (for an elaboration of this argument see Harrits et. al., 2009). We would thus see the greatest difference between higher professionals on the one hand (as a class with a greater preponderance of cultural capital) and higher managers and self-employed people on the other (these being classes in which economic capital outweighs cultural capital).

Concluding remarks

To sum up the main arguments in this paper, three key points emerge: (1) First, attitudes towards going ill to work, and beliefs about when this is a reasonable and indeed morally correct thing to do, differ according to social class. Self-employed people, managers and members of the working class are most restrictive in their view as to when it is acceptable to take sick leave, compared with professionals and similarly highly educated people without managerial responsibilities, who

are more apt to consider SA a legitimate choice when feeling ill, despite its negative consequences for others. (2) Some of these class differences of course relate to situational factors such as the work environment and the consequences for oneself and others (whether colleagues, customers or clients) of taking sick leave. In addition, however, it is plausible to explain the differences with reference to Bourdieu's notion of 'making a virtue out of necessity', not least because it is the working classes with the most taxing and demanding work environment, involving the greatest number of SA episodes, who are most restrictive when it comes to evaluating the legitimacy of taking SA. In addition, they are more apt than other classes to use moral categories such as honour and pride to legitimate going ill to work. This could be interpreted as an idealization of a practice that they are nevertheless forced to take part in because the consequences of not doing so would be worse than accepting the pain and discomfort associated with going ill to work. (3) More research is needed on this topic. The method used in this study to examine moral attitudes towards sick leave among different social groups is very simplistic. A more systematic approach is thus needed to examine more carefully the relationship between social class and attitudes in this area. This would enable us to see whether other theoretical perspectives may come into play here, including the idea, inspired by Bourdieu, that SP might be seen as part of a more general symbolic struggle between social classes on the moral-political status of pain and illness in modern welfare societies.

Acknowledgements

The author would like to thank The Danish Health and Safety Research Fund for financing the study. The authors also wish to thank the two anonymous reviewers and the editors for their many helpful suggestions.

Notes

- 1: The story of Ronaldo draws on the following articles in Danish newspapers: Jyllands Posten, 10. juli, 1998 (Frits Christensen, 'Ronaldo er VM's dyreste' [Ronaldo is the most expensive player in the World Cup]), Aktuelt, 14. juli, 1998 (Nikolai Kampmann, 'Dukke i fodboldens vanvid' [Puppet in the madness of soccer]), B.T., 14. juli, 1998 (Henrik Byager, 'Nike – det globale sportstempel' [Nike – the global temple of sport]; Klaus Moe, 'Jeg ville spille' [I wanted to play]), Berlingske Tidende, 19. juli, 1998 (Mads Kastrup, 'Stjernekrigen' [Star Wars]) & Jyllands Posten, 9. oktober, 1998 (Jakob Rubin, 'Ronaldo blev presset' [Ronaldo was forced])

- 2: The 18 interviews were conducted with Danes residing in Ringkøbing County in the period May to November 2006. The participants were chosen on the basis of theoretical considerations, each of the 18 being considered representative of a different type of occupation. Most participants were recruited via the relevant union, but to avoid any union bias we asked for a list of members who did not have any official posts in the union. From this list a random member was selected and asked to give an interview. The 18 occupations were derived from two different theoretical principles: First, it was decided to make use of Thomas Højrup's (1984) distinction between different life modes and for that reason the occupations were selected so that the group of interviewees as a whole would consist of six self-employed people, six manual workers and six career-oriented employees. Second, the occupations should cover work with different types of things, altogether six different categories (living entities, inanimate objects, humans and symbols, the work with inanimate objects being divided in turn into production versus service work, and the work with humans being divided into care and service work.) On this basis all the occupations represented were put into one of these six categories. While these theoretical criteria reduced the number of possible occupations and interviewees, we needed to do an explorative correspondence analysis of a large number of work environment questions in order to uncover occupations from each of the 6 categories. The final choice of occupations was then made on the basis of those that were most clearly differentiated from one another, and which at the same time made it possible to interview within each area one self-employed person, one manual labourer and one career oriented employee. The 18 occupations chosen were the following: living entities (self-employed farmer, gardener, biologist), inanimate objects – production (self employed electrician, slaughterhouse worker, goldsmith), inanimate objects – service (self employed window-cleaner, truck driver, secretary), humans – care (general practitioner, nursing assistant, schoolteacher), humans – service (self-employed hairdresser, bus driver, bank adviser) and symbols (self-employed owner of graphics and design company, computer programmer, CEO). The interviews were for the most part conducted at the participants' private homes or at their work place (in the case of self-employed people or employees with managerial responsibilities) and lasted between 45 minutes and 1½ hours each. The interview followed a structured interview guide that tapped into several different issues relating to sick leave and sickness presence as well as working environment, and more general attitudes towards sick leave and the prevention of it. All the interviews were transcribed and coded afterwards according to the headlines used in the interview guide, as well as according to the themes that emerged most forcefully when reading through them.
- 3: A similar idea was advanced in a Finish study by Virtanen and colleagues (2000), which inspired me to refer to Bourdieu's notion of 'making a virtue out of necessity' as a means of explaining social differences in attitudes towards taking sick leave. Virtanen et al used Bourdieu's theory to account for differences in the amount of sick leave in three different cities with different class structures. In the town of Nokia where the working class had relative autonomy, sick leave was often seen as a (legal) right obtained through years of struggle with employers, and hence as a 'commodity' to be consumed on a par with many other commodities used to designate one's style of life. By contrast, middle class respondents showed a much stronger commitment to their work, and may therefore have been less inclined to take sick leave and more liable to

go to work when ill. In other words, the Finnish study showed a quite different connection between social class and attitudes towards sick leave than that identified in the present study. One should bear in mind that the empirical evidence provided in the Finnish study is quite weak, the analysis of attitudes across the different social classes being based entirely on interviews with participants living in the three cities in question. Moreover, the interviews were conducted not with 'ordinary' employees but with union representatives. This is an important limitation because the views of such representatives are likely to be framed by the agenda set by the union (i.e. for the unions paid sick leave was indeed a major achievement in their struggle for better working conditions). In addition, nothing was said of self-employed or higher professionals.

References

- Aronsson, G., & Gustafsson, K. (2005). Sickness Presenteeism: Prevalence, Attendance-Pressure Factors, and an Outline of a Model for Research. *Journal of Occupational and Environmental Medicine*, Vol. 47, pp. 958-966
- Aronsson, G., Gustafsson, K., & Dallner, M. (2000). Sick but yet at work. An empirical study of sickness presenteeism. *Journal of Epidemiology and Community Health*, Vol. 54, pp. 502-509
- Bergström, G. et al. (2009). Does sickness presenteeism have an impact on future general health? *International Archives of Occupational and Environmental Health*, Vol. 82, No. 10, pp. 1179-90.
- Bourdieu, P. (1984). *Distinction*. Cambridge: Polity Press
- Bourdieu, P. (2000). *Pascalian Meditations*. Cambridge: Polity Press
- Conrad, P. & Schneider, J. (1992). *Deviance and Medicalization. From Badness to Sickness*. Philadelphia: Temple University Press
- Durkheim, E. (1984). *The Division of Labour*. New York: Free Press.
- Ganzeboom, H., & Treiman, D. (2003). Three Internationally Standardised Measures for Comparative Research on Occupational Status. J.H.P. Hoffmeyer-Zlotnik/C. Wolf (Eds): *Advances in Cross-National Comparison. A European WorkingBook for Demographic and Socio-Economic Variables*. New York: Kluwer Academic / Plenum Publishers, pp. 159-193
- Hansen, C., Andersen, J. (2008). Going ill to work – what personal circumstances, attitudes and work-related factors are associated with sickness presenteeism?. *Social Science & Medicine* Vol.67, pp. 956-64
- Hansen, C., Andersen, J. (2009). Sick at work – a risk factor for long-term sickness absence at a later date?. *Journal of Epidemiology and Community Health*, Vol. 63, pp 397-402
- Hansen, C. (2009). *En sociologisk fortælling om sygefravær*. Kapitel 2, 5 og 6. PhD-afhandling. Aalborg. Institut for Sociologi, Socialt Arbejde og Organisation.
- Harrits, G., Prieur, A., Rosenlund, L. & Skjøtt-Larsen, J. (2009). Class and Politics in Denmark: Are Both Old and New Politics Structured by Class?. *Scandinavian Political Studies*, Vol. 32, No. 1, pp. 1-27
- Johns G. (1997). Contemporary research on absence from work: correlates, causes and consequences. *International Review of Industrial and Organizational Psychology* Vol. 12, pp. 115-73

- Kiwimäki, M. et al. (2005). Working While Ill as a Risk Factor for Serious Coronary Events: The Whitehall II Study. *American Journal of Public Health*, Vol. 95, No. 1, pp. 98-102
- Vingård, E., Alexanderson, K., & Norlund, A. (2004) Chapter 10. Sickness Presence. *Scandinavian Journal of Public Health*, Vol. 32, (Supplement 63), pp. 216-221
- Virtanen, P. et al. (2000). Locality and habitus: the origins of sickness absence practices. *Social Science & Medicine*, Vol. 50, pp. 27-39