HEALTH - A SOCIOLOGICAL PERSPECTIVE: An Overview

Dr.Manju Pandey

Assistant Professor, (visiting) Sociology, Amity University, Noida, India. Email.- manjupan2313@gmail.com

Abstract: This paper contains issues concerning health and its sociological perspective, that how good or bad health affects our life and relationships. Health is a state of complete well being, physical, mental and emotional. The objective of this topic is to see how social life affects morbidity and mortality rate, and "vice versa." The sociological perspective of health centralizes on the social effects of attitudes towards disease, illness, disorder, disability and ageing process. Sociological approaches and psycho wellness are not two same things. The peculiar emphasis of sociological approach is that how the different processes affect our social life and state of mind. These different processes are life events, social conditions, social roles and structures and cultural system. Many sociologists and researchers have tried to inspect that how the social conditions are responsible for the mental health and status. Types of the mental illnesses are schizophrenia, bipolar disorder, major depression and obsessive compulsive disorders affect us and our environment differently. The book 'Suicide' written by Emile Durkheim (a great social positivist), highlights many sociological health outlooks and is regarded as the first sociological study of mental health. It is so evident that environment has really great impact over health and physical conditions.

The health in sociological terms holds three main categorizations namely: functionalism (good health and effective medical care), conflict theory (quality of health and quality of healthcare) and symbolic interactions (physical and mental conditions). In sociological perspective of mental health, contemporary studies confirm the importance of social integration as a fundamental cause of well being. Social inequality creates the social influence not only to the economic and the work conditions but is also an aspect of all social institutions and mental health. In the sociological aspects there are some generational factors in existence.

Key Words: Sociological perspective, Health, mental health, social inequality, conflict theory, symbolic interaction, Emile Durkheim.

INTRODUCTION:

Sociology is a very broad and diverse field .All types of social relationships that were conceived are concerned with sociology. Durkheim has divided Sociology into three broad divisions namely, social morphology, social physiology and general sociology. Sociology is the study of the behaviour patterns of human beings in the society.

Social morphology is concerned with the nature and extends to influence, exercised by factors such as geographical location, size and density of population etc. Social Physiology deals with the genesis and nature of various social institutions as religion, moral laws, economic institutions etc. In general sociology, an attempt is made to find out if there are links among various institutions which would be treated independently in social physiology and in that event to discover general social laws.

ILLUSTRATING SOCIAL PHENOMENA:

Sociology challenges both naturalistic and individualistic explanations of social phenomena. These understandings arise as a consequence of growing up within a particular culture and set of social structures. Culture defines accepted ways of behaving for members of a particular society. Such definitions vary from society to society.

HEALTH:

When we think of health and illness, we usually think of eating properly and other healthy habits of institutions, such as hospitals, and of health professionals such as doctors and nurses.

The definition of Health has cultural element into it, as health is theme of most cultures. One of the oldest definitions of health is that it is "The absence of disease". In some cultures health and harmony are considered equivalent and is defined as "being in peace with the self, the community, the god and the cosmos".

The ancient Indians and Greeks shared this concept that attributed diseases to be the disturbances in bodily equilibrium.

Sushrut The ancient Indian proponent of medicine and surgery defined health as "a state of delight or a feeling of physical spiritual and mental wellbeing."

The essential features of a healthy person possess everything in right quantities, the defects or weaknesses, digestive qualities, semen normal bodily functions. In this sense health is perceived as total wellbeing and a feeling of happiness.

IMPORTANCE OF HEALTH:

Health is very important for improving the quality of life. There is no single yardstick for measuring health. It is not perceived in the same way by all members of a community, various profession, groups etc. Health is a multidimensional concept that focuses not only the individual but also the society the environment.

Traditionally health has been viewed as absence of disease and if one has free from disease, he was considered healthy. This concept is known as biomedical concept. But it cannot express the particular meaning of health. It ignores the impact of environmental, psychological, social, cultural, determinants of health. It is very true that biomedical model got spectacular success in treating the disease but it was inadequate in solving some of the major problems related to environmental pollution, mental illness, population explosion etc. The Ecologists put forward an attractive hypothesis which viewed health as a dynamic equilibrium between man to his environment. Dubos defines health as saying "Health implies the relative absence of pain, discomfort, continuous adaptation, adjustment to the environment to ensure optimal functioning.

The holistic concept of health emphasized by the WHO, which describes health as "A state of complete physical, mental, social well being not merely absence of disease or infirmity." But it requires more practical and operational definition. In a broad sense health can be seen as its sociological perspective.

SOCIOLOGY OF HEALTH:

The sociology of the health studies such issues as how social and cultural factors influence health and people's perception of health and healing, and how healing is done in different societies. Social structure and cultural practices have concrete consequences for people's lives. Sociological analysis emphasizes that the occurrence of illness is not random. Different kind of societies produces their own pattern of health and illness. Health and wellbeing of individual and communities are affected by many factors combine together. Illness is poor health resulting from disease of body or mind, sickness or a disease.(www.thefreedictionary.com/illness) Whether people are healthy or not is determined by their circumstances and environment. Factors such as where we live, the environment we live in, genetics, diseases, employment and income education and relationships with friends and family all have considerable impacts on health and well being, whereas the more commonly considered factors such as access and use of health care services often have less of an impact.(services, essay writing-service.php).

When we think about new-born infant, the possibilities for health limited only by the child's genetic makeup. The very life chances of this infant, including the probabilities that he will live, be well acquire the skill for success in her culture, and achieve and maintain that success, are powerfully influenced by all of social circumstances and forces he will encounter throughout his life. The infant's birth, weight, is influenced by his mother's diet. Other features of the mother's social context have direct consequences for the newborn's health,

including mother's smoking or drug habits housing and sanitary conditions are responsible. Other factors which are directly effects the baby health is his home life and environment. As the baby matures the gender, race ethnicity, and social class influences his life chances.

Later in life his experiences as a worker will place him in various physical environments and social relationships that will affect his health. His culture will shape what he likes to eat, how he experiences stress, whether he drinks alcohol, and how he feels about his body. The infant is born into a social structure and social culture that also powerfully influence what will be considered illness and how that illness will be treated .When this person gets sick social forces play an important role in determining his chances of becoming well. This fact is obvious that when this baby becomes ill, how will the attitude of others be, how will they respond, and the social and physical environment affect his very life chances? How people react? What will happen if he develops a stigmatizing illness, such as leprosy or AIDS? Health cause depends the resources, approaches the medical system for help organizations, such as insurance companies, pharmaceutical industries, manufacturers of medical .equipment, hospitals, and govt. agencies.

The fact is that individual bodies are linked to the workings of the social bodies. In larger extent, a person's chances for illness and successful recovery are the result of specific social arrangements. Thus illness, death, health and wellbeing are socially produced.

SOCIAL BUILDING OF THE BODY:

Social groups and cultures, they share, can mould the body's health. Illness is not merely a physical experience but also a social experience .A biologist illustrates the physical consequences of social practices that if a society puts half of its children in dresses and skirts but warns them not to move in ways that reveal underpants, while putting the other half in jeans and overall and encouraging them to climb tresses and play ball and other active outdoor games. Later during adolescence the half that has worn trousers is exhorted to eat like a growing boy while half in skirts is warned to watch its weight and get fat. If the half in jeans trot around in sneakers or boots, while the half in skirts totters about on spike heels, then these two groups of people will be biologically as well as socially, different.

The sociology of health brings two distinct focuses of the analysis of the study .At first stage it tries to 'make sense of illness' at this level sociology makes an important contribution into issues of interest to clinicians and other health professionals, the development of health policy ,epidemiological studies. At second level sociological exploration can solve the queries to understand the impact of wider social processes upon the health of individuals and social groups.

Sociological perspective of health = (Theories of the society)-A theory is a set of ideas which claims to explain how something works. A sociological theory is therefore a set of ideas which claims to explain how society or aspects of society works. Three sets of theories of society or perspective are present in sociology.

FUNCTIONALISM:

Effective medical care and good health is required for the smooth functioning of the society. Patient must perform the sick role in order to be perceived as legitimately ill and to be exempt from their normal obligations. The physician-patient relationship is hierarchical. The physical provides the instructions. And the patient needs to follow them.

As directed by Talcott Parsons,(1951). The social system. New York; Fictional perspective accentuate that good health and effective health care are essential for a societies ability to function. Ill health impairs our ability to perform our roles to society. Social structure cannot work properly with unhealthy persons. If too many people are unhealthy, society's functioning and stability suffer. If someone is drunk driving and meets with an accident, there will be less sympathy than if the driver had been sober and smashes into a tree.

The conflict approach = The conflict approach emphasizes inequality in the quality of health and health care delivery (Weitz, 2013) Weitz.R.(2013)The sociology of health illness and health care; a critical approach; CA

Worth's worth, Social inequality characterizes the quality of health and the quality of health care. People from disadvantaged backgrounds are more likely to become ill and to receive inadequate healthcare. Partly to increase their income, physicians have tried to control the practice of medicine and to define social problems as medical problems.

The conflict approaches the critiques efforts by physicians over the decades to control the practice of medicine and to define various social problems as medical ones. Doctors and physicians motivate their patient .It may be good or bad Physians honestly feel that medical establishment is necessary for adequate and effective healthcare. In the conflict perspective Marxian theory offers a radical alternative to functionalism. Marxian theory begins with the simple observation, that in order to survive, man must produce food and material objects. In doing so he must enters social relationship with other person. One of the main concerns of functionalist theory is to explain how social life is possible. The theory assumes that a certain degree of order and stability are essential for the survival of social systems. Whereas conflicting perspective is that of analysis of the infrastructure. In the case of the medical model, it assumes a clear dichotomy between the mind and body; Physical diseases are presumed to be located solely within the body. The machine metaphor is another assumption in the medical model. According to this, the body is a complex biochemical machine, and disease is the malfunctioning of some constituent mechanism (such as a breakdown of the heart). Other cultures use other metaphors. In combination of the mind and body dualism, the machine metaphor further encouraged the notion and the physician could "repair" one part in isolation from the rest (Berliner 1975).

SYMBOLIC INTERACTION:

Although Functionalism, Marxism (conflict) provides very different perspectives on society, they have number of factors in common Like, they offer a general explanation of society. Secondly they regard society as a system. Thirdly they tend to see man's behaviour as shaped by the system. In terms of the TalcottParson's version of Functionalism, interactionism is different from these two. According to this perspective, health and illness are social constructions, Physical and mental conditions have little or no objective reality but instead are considered healthy or ill conditions only if they are defined as such by a society. Physicians manage the situations to display their authority and medical knowledge. The symbolic interactions approach emphasizes that health and illness are social constructions. It means that a physical and medical conditions have little or no objective reality but instead are considered healthy or ill conditions only if they are defined as such by a society and its members. (Buckser, 2009, Lorber & Moore 2002). Interaction theory focuses on small scale interaction rather than society as a whole. It usually rejects the notion of the social system. In a more current example, an attempt to redefine obesity is now underway in the world. Obesity is known health risk, but a fat pride or fat acceptance movement composed mainly of heavy individuals is arguing that obesity's health risk are exaggerated and calling attention to society's discrimination against overweight people.

SOCIAL STRUCTURE OF THE BODY:

Every society has its own level and ideas about the human body. It is defined healthy and beautiful in one society, might be considered unhealthy, fat and ugly in another. Some societies picture that the body as working as machine, others see it as spiritual vessel. Thus the sociological perspective has some dimensions:-

Spiritual-It plays role both in health and disease. Spiritual health refers to that part of an individual which reaches out, strives for purposes and meaning in life.

Emotional- This dimension can be placed under mental dimensions, but it requires separate treatment. Emotionally healthy person is one who is able to control, manage his emotions.

Vocational- Work plays an important role in prompting mental -physical health. Physical aspects of work enhance our physical capacities. Whereas cognitive aspect of work brings the achievements of goal. This also gives the social recognition.

Health is not a physical condition, its **determinants** are – *environmental*, *educational*, *preventive and socio economical philosophical*,. According to the sociological perspective of health other determinants are power. The

particular position of power we occupy in our family, gender, surroundings, are also important factors. Even health status determines the stressors to which we are exposed and the coping recourses available to us.

Thus the ideas related to the health either it is scientific or non-scientific, and the body are the result of social construction and social condition.

CONCLUSION:

As we have mentioned, that the human society is closely affected by the condition of health. A number of factors, conditions and dimensions are responsible **for** the development of society and human beings. Dhurkheim argues that social life is impossible without the shares values and moral beliefs which form the "collective conscience".

Like Durkheim, Malinowski identifies specific areas of social life. With which religion is concerned to reinforce social norms and values and promote social solidarity. Anxiety and tension tend to disrupt social life. Situations which produce these emotions include 'crisis of life' such as marriage, puberty, birth and death. Malinowski notes that in all societies these life crises are surrounded with religious rituals. Through this way the comfort and support of society (its norms, rituals) controls the health-care and illness. The quality of health and health care is specified by the Conflict approach. The functional approach emphasizes on the fact that proper health care and good health are the key factors for society's development and functioning. The internationalist perspective emphasizes that health and illness are social constructions, physical and mental conditions are less important. Thus an aspect of the sociological perspective of health is holistic and conceptualizes the interpretation of mind, body and society.

REFERENCES:

- 1. Aarts L, van Schagen I. Driving speed and the risk of road crashes: A review. Accident, Analysis and Prevention.2006;38(2):215–224. [PubMed]
- 2. Acemoglu D, Johnson S. Disease and development: The effect of life expectancy on economic growth. Journal of Political Economy. 2007;115(6):925–985.
- 3. Acemoglu D, Robinson JA. New York: Crown; Why nations fail: The origins of power, prosperity and poverty.2012
- 4. Acevedo-Garcia D, Osypuk TL, McArdle N, Williams DR. Toward a policy-relevant analysis of geographic and racial/ethnic disparities in child health. Health Affairs. 2008;27(2):321–333. [PubMed]
- 5. Acs G. Downward mobility from the middle class: Waking up from the American dream. Washington, DC: PEW Charitable Trusts; Economic Mobility Project: 2011.
- 6. Adler NE, Rehkopf DH. U.S. disparities in health: Descriptions, causes, and mechanisms. Annual Review of Public Health. 2008;29:235–252. [PubMed]
- 7. Adler NE, Stewart J. Health disparities across the lifespan: Meaning, methods, and mechanisms. Annals of the New York Academy of Sciences. 2010;1,186(1):5–23. [PubMed]
- 8. Agency for Healthcare Research and Quality. National healthcare disparities report: 2010. Rockville, MD: Agency for Healthcare Research and Quality; 2011.
- 9. Agency for Healthcare Research and Quality. National healthcare quality report: 2011. Rockville, MD: Agency for Healthcare Research and Quality; 2012.
- 10. Ahern J, Galea S. Collective efficacy and major depression in urban neighborhoods. American Journal of Epidemiology. 2011;173(12):1,453–1,462. [PMC free article] [PubMed]
- 11. Ahern J, Hubbard A, Galea S. Estimating the effects of potential public health interventions on population disease burden: A step-by-step illustration of causal inference methods. American Journal of Epidemiology.2009;169(9):1,140–1,147. [PMC free article] [PubMed]
- 12. Alderson AS, Nielsen F. Globalization and the great U-turn: Income inequality trends in 16 OECD countries. American Journal of Sociology. 2002;107(5):1,244–1,299.
- 13. Aliyu MH, Luke S, Kristensen S, Alio AP, Salihu HM. Joint effect of obesity and teenage pregnancy on the risk of preeclampsia: A population-based study. Journal of Adolescent Health. 2010;46(1):77–82. [PubMed]

- 14. Alley DE, Lloyd J, Shardell M. National Research Council; Panel on Understanding Divergent Trends in Longevity in High-Income Countries; Committee on Population Division of Behavioral and Social Sciences and Education. Can obesity account for cross-national differences in life expectancy trends? In: Crimmins EM, Preston SH, Cohen B, editors. International differences in mortality at older ages: Dimensions and sources. Washington, DC: The National Academies Press; 2010. pp. 164–192.
- 15. Allison DB, Fontaine KR, Manson JE, Stevens J, VanItallie TB. Annual deaths attributable to obesity in the United States. Journal of the American Medical Association. 1999;282:1,530–1,538.
- 16. Altman SH, Shactman D. Power, politics, and universal health care: The inside story of a century-long battle. Amherst, NY: Prometheus Books; 2011.
- 17. American Academy of Family Physicians. Leawood, KS: American Academy of Family Physicians; Family physician workforce reform: Recommendations of the American Academy of Family Physicians. 2009
- 18. American Anthropological Association. Statement on "race.". 1998. [April 2012]. Available: http://www.aaanet.org/stmts/racepp.htm.
- 19. An J, Braveman P, Dekker M, Egerter S, Grossman-Kahn R. Work matters for health. Princeton, NJ: Robert Wood Johnson Foundation; 2011.
- 20. Anand S, Ravallion M. Human development in poor countries: On the role of private incomes and public services. Journal of Economic Perspectives. 1993;7(1):133–150.
- 21. Cross-National Health Differences Among High-Income Countries. Department of Geography, Durham University and Department of Sociology, Harvard University.
- 22. Bambra C, Eikemo TA. Welfare state regimes, unemployment and health: A comparative study of the relationship between unemployment and self-reported health in 23 European countries. Journal of Epidemiology and Community Health. 2009;63(2):92–98. [PubMed]
- 23. Bambra C, Gibson M, Sowden A, Wright K, Whitehead M, Petticrew M. Tackling the wider social determinants of health and health inequalities: Evidence from systematic reviews. Journal of Epidemiology and Community Health. 2010;64(4):284–291. [PMC free article] [PubMed]
- 24. Banks J, Smith JP. International comparisons in health economics: Evidence from aging studies. Santa Monica, CA: RAND Corporation; 2011.

Further reading:

- 1. Journal of Health and Human Behavior. 1960, Volume 1, Issue1. http://www.jstor.org/stable/2955591
- 2. Cockerham, W. C. (2000). Medical Sociology, 8th edition. Englewood Cliffs, NJ: Prentice Hall.
- 3. Coleman, J. S. (1994). Foundations of Social Theory. Cambridge, MA: Belknap Press.
- 4. M haralambose with R M mead1980; sociology Theams and perspective.
- 5. Durkheim, E. (1982). The Rules of Sociological Method. New York: Free Press.
- 6. Marx, K. (1973). *Grundrisse: Foundations of the Critique of Political Economy*. New York: Vintage Books.
- 7. Merton, R. K. (1957). Social Theory and Social Structure. Glencoe, IL: Free Press.
- 8. Parsons, T. (1951). The Social System. Glencoe, IL: Free Press.
- 9. Weber, M. (1958). From Max Weber: Essays in Sociology. New York: Oxford University Press.