

## Postmodern Perspective towards Health and Illness

Prabhat Bikram Kshatri and Krishna Bahadur GC

### Abstract

#### Article History:

Submitted: 23 September 2025

Reviewed: 28 November 2025

Accepted: 22 December 2025

Corresponding Author:

Krishna Bahadur GC

Email: gckrishna786@gmail.com

ORCID: <https://orcid.org/0009-0000-9157-5376>

Copyright information:

Copyright 2025 RPC, Siddhartha

Campus, Banganga, Kapilvastu, Nepal

#### Publisher

RPC, Siddhartha Campus,

Banganga, Kapilvastu, Nepal

Email:

[research@sidharthacampus.edu.np](mailto:research@sidharthacampus.edu.np)

URL: [www.sidharthacampus.edu.np](http://www.sidharthacampus.edu.np)

*This paper explores the importance of applying postmodern concepts in analyzing the nature of "health" and "illness." What medical sociology does is to examine the social, systemic, and cultural dimensions of such phenomena. Medical sociology focuses on social structures and norms, along with lived experiences, and how they intersect with health and illness. These are things that biomedical models typically gloss over, and medical sociology explains them in a more comprehensive manner. Medical sociology, in a way, attempts to fill in the gaps in the medical sciences by analyzing the social, systemic, and sociocultural dimensions of a given situation to provide a more wholesome understanding of these phenomena. This study examines postmodern*

*viewpoints on health and sickness. This paper is based on a review of related literature about the postmodern perspective on health and illness. The materials were accessed through Google Scholar, Google Search, PubMed, Web of Science, and a host of other online literature resources. This study analyzed literature within the identified scope and was able to identify postmodern viewpoints of health and illness that health is no longer absolute and is a by-product of an increasingly consumer-oriented society, a self-help community, and a growing lack of confidence in medical authorities. The postmodern viewpoint challenges us to understand health and illness as variable and disruptive concepts. It also calls on the need for healthcare practitioners to take a reflexive and patient-centered stance, incorporating the multifaceted real worlds that exist.*

**Keywords:** Postmodernism, Health, Illness, Social Construction, Conceptual Review

### Introduction

Postmodernism comprises a variety and range of ideas. Each idea within postmodernism attempts to explain a different social phenomenon. Each discipline may use postmodernism to mean something else. Postmodernism lacks a unifying

theory or goal and can be considered as an idea, or a group of ideas, that attempts to explain social occurrences. Ward (1997) noted the multiplicitous nature of postmodernism. Contemporary scholars noted that postmodernism is an understanding of the world as fragmented and plural, characterized by an overall skepticism and a questioning of dominant paradigms within science and medicine. It is coupled with the notion that social systems, power relations, culture, and language are dynamic and are shaped by context (Lyotard, 1984, 2022; Nettleton, 2021; Lupton, 2020). Postmodernism, as a concept, provides an understanding of the rapid changes that occur within a society. Postmodern advocates identify the rapid changes within society as a loss of order and stability. Communities within society experience fragmentation and a profound social disruption (Kucyi et al., 2018).

Postmodernity characterizes the last three decades of capitalist societal changes, most notably the dissolution of the industrial sector, working class disintegration, decline of union membership and occupational identity, and the disintegration of the public/private employment dichotomy. Many scholars attribute these changes to an increase of 'personal freedom' that liberated individuals from conventional work/class hierarchies, and also from the domestic/gender prison. These changes have been interpreted as the creation of a new form of social organization that allows people to self-identify and self-narrate. Ulrich Beck argues that the social systems of class, stratification, family, and gender of industrial society will emancipate humanity (Beck, 1992).

There are also points of consensus between contemporary society postmodernists and modernists. These points differentiate the two social paradigmatic extremes - industrial modern society, and post-industrial postmodern civilization. The organizational and new potential of healthcare systems as identified by postmodern theorists is significant. As a state becomes more decentralized, the state also divests itself of its integrated responsibilities, including the functions of providing healthcare (White, 2002).

In the last ten years, there have been major changes in the research of health and illness. There is no longer an assumption of a biological and universal perspective. It is focused on diversity, the (re) conservation of the medical discourse, and the social (or constructed) knowledge of medicine. To put it concisely, the discourse of health, the frameworks of diagnosis, the identities of the patient, and the categories of health are not the fixed and determinate of an 'objective' reality. These discourses are constructed and expressed in the realms of power and the authority of institutions in legitimated and contested (Fox, 2016) knowledge. The domains of knowledge of Foucault and Lyotard, the classical theorists, are the primary source of knowledge. The knowledge, theory, and application gap for the years 2016-2025 is

considerable. The considerable use of technological devices, the improvement of global health (and the problems related to it), the changes in the methods of providing health care, and the implementation of the contemporary postmodern theories, a reassessment of postmodern theories is justified.

A central postmodern critique is the interrogation of medicalization and of the claim that biomedical expertise holds neutral authority. The critical literature most recently documents the ways medical knowledge still operates as a governing technology of the body and the norms and subjectivities that recent reviews discuss as the (supplying) ‘medical gaze’ in new forms (Suijker, 2023). Many research studies have shown how local understandings of illness, in different situations, push back against and mix with the biomedical and various health ideas that patients use alongside biomedical diagnoses, everyday knowledge, online information, and traditional practices. These varying perspectives challenge the notions of health communication and authority as linear or hierarchical.

Undeserved biomedicine authority and harmful medicalization processes form the crux of the critique in the postmodern sense. Contemporary research is still providing accounts of how medical knowledge targets governance over bodies, norms, and subjectivities, and is often referred to in the current discourse as the “medical gaze” in flux” (Suijker 2023). A growing body of empirical evidence is showing how local appropriations of biomedicine, even while biomedicine still assigns illness singularly, integrate with non-biomedical models. As Karki (2020) observes, patients integrate a number of medical systems, including biomedical diagnostics, lay health knowledge, the internet, and traditional healing systems. Collectively, these systems pluralistically coalesce with a constructivist and non-linear perspective of health communication and authority.

In the years following 2016, we see an expansion of research focused on the promotion of policies aimed at the development of person and patient-centred care. Systematic reviews spanning 2019-2023 describe measurable outcomes and a unique ‘implementation gap’ phenomenon; the divergence between the institutional policies documented and the actual experiences of patients (Yu, 2023; Nkhoma et al., 2022). From a postmodern lens, the phenomenon of the ‘empowerment of the patient’ is paradoxical. There is an opportunity to disrupt the dominant power relations within the institution and transform power from the ‘top down’. However, it is also paradoxically within the construct of the neoliberal/mangerialist/means-end rationale of the system, which aligns with the prevailing inequity in the system’s vertical power relations and most probably exacerbates it.

Taking into account postmodernism's beliefs about uncertainty, change, and fragmentation, it is reasonable to outline definite challenges for a postmodern approach to health (Baudrillard, 1988; Hutcheon, 1987). In the context I have set for the project, I will assume postmodern social theory demands a questioning of the social beliefs and narratives about society and its components. In the context of health and illness, this implies that postmodern discourse analysis focuses on the health politics of discourse.

The attempts to develop an all-encompassing programme for a postmodern perspective on health may prove to be difficult, because postmodernism stresses open-endedness, difference, and fragmentation, and has been discussed by some (Baudrillard, 1988; Hutcheon, 1987). Therefore, in setting the agenda for this study, I will confine myself to the premise that postmodern social theory teaches students to question their assumptions about the world and how they portray it and its components. Reference to the health and sickness is aimed at the assertion that postmodern inquiry deals with what can be referred to as the politics of health discourse.

### **Methods and Materials**

This research used a conceptual approach, synthesising themes from theoretical and empirical, peer-reviewed literature spanning 2016–2025 from Web of Science, PubMed, and Scopus. The research examined the terminology “postmodernism”, “health”, “illness”, “medicalization”, and “social construction”. The selection criteria were postmodern and health-related articles, in English, empirical or theoretical. The reviewers also excluded comments that were not peer-reviewed. Two reviewers independently assessed the title and abstract, and agreed in the case of differing views. Data collection and alignment were completed according to the theoretical perspective, methodology, and main findings. The results of framed synthesis were organized and catalogued into a descriptive framework, utilizing thematic analysis.

This study applied a conceptual literature review design, using thematic synthesis to analyse postmodern empirical and theoretical scholarship on health and illness. The synthesis report adhered to the transparent systematic review guidelines pertaining to the reporting of the study, including outlining the purpose with specificity as well as the criteria for screening and inclusion. The results from the review were entered into a reference management tool, and duplicates were removed. Two reviewers conducted a title and abstract review independently. The reviewers then conducted a full text review against the inclusion criteria, and any conflicts were resolved through the reviewer discussion or the addition of a third reviewer. A data extraction form that has predetermined criteria was employed to record the author

particulars, the objectives of the study, the methodology, the theoretical perspective, the study population, and the significant findings of the study that relate to the postmodern perspective of health and illness. The data extraction was validated by a second reviewer to ensure that the data was accurate.

In conducting thematic synthesis, certain stages must be followed: careful line-by-line coding of the text, building descriptive themes, and developing the higher analytic themes that provide study-crossing interpretations. In situating the study within the field, thematic development followed the protocol of thematic analysis, from the phases of familiarization and classification, through the stages of thematic construction and refinement, resulting in themes that are coherent and distinct. The synthesis of themes culminated in the construction of a narrative that captured the core principles of postmodernism and the fundamental ideas that shape and impact the ideas about health, illness, and medicalization.

## **Results**

### **Postmodern Perspective on Health**

The research on Post Modernism proposes that Health can be viewed as a product of consumerism, rather than a biological phenomenon. Where the Modern perspective considers Health as the absence of disease, or the absence of, or not functioning, parts of the body. Post Modern Health, can be seen as a, “Possibility” and as a fluid identity. Most notable is the “erosion of rigid distinction” between expert medical knowledge and lay knowledge. Hassan (1985); White (2002) claim that consumer culture has shifted the role of patient, to that of a client who transcends the bio medical and self-help alternative therapies, clients invariably opt to self-manage. Health is almost always viewed as self-imposed, or individually targeted concern. The reviews say that in contexts of disorder, the collective concern for Health is lost, and the onus is on Individuals to construct their biographies and self-manage their health through their lifestyle.

Post Modern theorists observe that “illness” (the absence of suffering) is often too simplistically equated by health and disease (the presence of a biological explanation) To this end, Post Modern Theorists have pointed out that Modern Medicine, Morris (2000) and Fox (1993) has shown that medical practice has largely ignored suffering as a voice that is in contention with the technical data. Postmodernism validates patients' narratives, even when such narratives are disjointed and disorderly.

Cultural perceptions of illness, such as reporting anorexia nervosa, as quintessential “postmodern illnesses” indicate a socially induced obsession with a “utopian body” as opposed to purely biological explanations of such conditions.

The postmodern outlook of the world being both liberating and terrifying is exemplified, by the beginning of this century, the great religious explanations, promising perfection and everlasting life after death, gave way to utopian political visions promising a perfect society in life. Through the mid-century, these visions were inescapably corrupted into monstrous dystopias, and now in our postmodern world, the resulting disillusion has engendered a profound mistrust in all-inclusive explanations of and answers to the human dilemma. The concept of a single absolute truth is replaced by the acceptance of multiple truths, with the recognition of various methodologies to address the same challenge. This defiance of the grand theories provides great insight and knowledge while eroding our sense of security. Patterns disappear leaving us disoriented and confused, but with limitless opportunities to construct new patterns, discover new truths, and new relationships to the world, to each other, and to ourselves (Morris, 2000).

Nowadays, health is being valued in a deeper sense. People feel health is something that needs protection, and it is something that must be improved in any way possible. This is how the Western and Eastern arts and sciences of medicine became more appreciated. As a result, health workers, and physicians became highly valued in most parts of the world, and they were given a lot of respect and monetary compensation. In some circumstances, the priests and gods of antiquity were viewed in the same way. The pluralistic medical system, in conjunction with self-help groups, media-driven health information, and alternative medicine, combined with a cultural shift towards consumerism and the health focus as opposed to illness, fosters a transition from modern to postmodern society (Hassan, 1985). This viewpoint suggests that, for an experienced professional today, instead of being attacked, they are being relegated to one of several more or less viable citations. With this in mind, it is suggested that the discipline of medical sociology is in a position to divest itself of a legacy of robust, if somewhat antiquated, rationales, and an advanced sociological critique of the discourses of health and illness and of the multiplicity of ways of thinking about or constructing the discourses of health (Fox, 1993). Thus, the foundational principles of public health can be critiqued and used to situate the dominant understandings and the prevailing assumptions about the role of public health and health promotion (Lupton, 1995).

There is no question that phenomena related to diverse forms of postmodernism are of importance. With the new millennium just around the corner and the appraisals of modernity beginning, numerous issues are starting to crystallize. These include the refinement of contemporary techniques of social control through the use of medicine and the varied social (including the medical social) factors that pose risks to health, the social class, age, sex and race differentials, the evaluative and

synthesizing require the health information, the consumer culture health, and the risks to health of a consumer culture. It is, however, more contentious to propose that they signal an inflexion to a postmodern culture that requires postmodern medical sociology, ignoring public health, and closing the debate.

### **Postmodern Perspective on Illness**

Postmodern perspectives on illness seek to dismantle the dominance of biomedical explanations by saying that illness is more than a biological malfunction; it is a social and cultural experience. From this perspective, the meanings of an illness are determined by a certain social order, discourse, power, language, media, and individual stories, and not by universal scientific truths (Lyotard, 1984).

Postmodern theorists suggest that the medical field is not objective and unbiased. Knowledge is created from certain political, social, and economic structures. Foucault's medical gaze illustrates one way that modern medicine, through clinical discourse, categorizes, controls, and claims to know the bodies it speaks about while silencing the voice of the patients. That is, patients are absent from the discourse that speaks about them (Foucault, 1973). Therefore, illness is a place where power is exercised through diagnosis and the authority that comes with it.

Where modernist approaches focus on objective diagnosis, postmodernism values the plurality of truths and legitimizes the experience of patients, their illness stories, and their self-identities. This perspective is especially useful for resonant illness, mental illness, and contested illnesses (e.g., Chronic Fatigue Syndrome and Fibromyalgia) because those illnesses do not have clear biomedical definitions (Frank, 1995).

The new perspective on generalizations, categories, and classifications is slowly making its way into medicine. The subjective experience of every patient counteracts the doctor's claim of knowing the truth. The integration of anthropology, sociology, philosophy, psychology, poetry, and other disciplines alters the understanding of medicine's claim to truth. Each discipline utilizes a unique form of language, and this can help lessen the frustration and pain of the sufferer. Healing should strive to express suffering, and the more options and interpretations there are, the more healing can articulate what needs to be said (Morris, 2000).

Medical sociology, particularly postmodernist theory influenced by Foucault, has moved the most from the past. The description of the movement to a postmodern society shows the unifying categories of culture, social roles, self, and identity giving way to a fractured and chaotic social order. There is renewed interest in multiple realities and decentered selves (Burry, 1997).

Giddens suggests that the notion of entering a postmodern era entails assuming that social dislocation and fragmentation are particularly recent or particularly widespread (Giddens, 1991). Such reasoning overlooks the gains of modernity, including the achievements of contemporary science. One final consideration is in order. This is the case because, despite all of the changes that affect people's lives in the modern world, the illnesses and mortality still remind of the boundaries that the human existence is still subject to.

### **Discussion**

This study proposed to examine the postmodern perspective on health and illness. The findings suggest we may be entering an epoch in which the "grand narratives" of science and medicine are neither given nor taken for granted. In this instance, we do not say that health is simply the absence of illness.

The World Health Organization (WHO, 1985) states that health is a complete state of physical, mental, and social well-being, and Wright (1982), in a contribution to the anthropological phenomenology of the human condition, in the context of illness, paradoxically speaks of dysfunctional phenomena, yet remains within the bounds of the human. Canguilhem (1989) considers health and illness as affirmative and negative values of the biological spectrum. These categories all have a political dimension. Each one is making an attempt at moulding our view of healthy and unhealthy people. The essays of Oliver Sacks, on the various aspects of health and illness as he experienced them in his capacity as a neurologist, demonstrate the difficulties involved with each of these definitions. Health, like the body, is a controversial subject in the discourses of the physician, the lover, and the beautician. Many people have not accepted the classification of their condition as an illness and have found the physician's definition of health to be an unpleasant one.

An individual with Tourette's syndrome considered his medication damaging to himself, while an aged woman who remembered music from her childhood felt that silence was a deep emotional loss (Sacks 1985). The postmodern theorists Deleuze and Guattari (1984, 1988) suggest the body be thought of, not in a medical or physical sense, but as a body as a 'philosophical' body, a surface inscribed with various forms of thought, biomedicine being but one.

This research considers postmodernism as useful in exploring the interrelationship between culture, society and health. The medical and occupational discourses have been described as lacking care, being stigmatizing and disempowering. This research draws on postmodernism to examine the construction of 'health', 'illness' and 'patient' identity and the impact of the inscription on the body. It is argued that health care practitioners need to be reflexive about their own

knowledge claims and constrained the discursive means to disempower and limit choice (Mitchell, 1996).

Our parents and grandparents did not have to deal with the health problems we have today or the health problems of today's society. With the development of health problems post World War II, so did technology and the way we live our everyday lives. Affected by these changes, David B. Morris gives an engaging description of how such issues shape and characterize the postmodern experience of disease. Morris points out the lack of care in employing the term 'postmodern' but illustrates how the concepts of disease, health, and postmodernism intersect in the late twentieth century. Michel Foucault was the first to expand our understanding of the health and illness. Postmodern thinking that decentralizes authority leads us to view power differently within our encounters with health and illness. 'The medical gaze' is not exclusive to the doctor-patient relationship and deepens our understanding of, and how, we regulate our bodies and the symptoms they present (McDaniel, 2011).

In modern biomedicine, the distinction is made between disease, which is an objective, verifiable medical condition, and ailment, which is a subjective, personal experience. In contrast, postmodern medicine is unable to make this distinction and invokes the need for a 'bio-cultural' model, which situates sickness at the interface of biology and culture. The case recognition of chronic fatigue syndrome and post-traumatic stress disorder represents attempts to appreciate the bio-cultural dimension of illness. The bio-cultural approach to sickness may open new, previously unexplored avenues for the study of biology and culture, while also serving to eliminate more of the historical boundary divisions. More than most, illness and culture in the postmodern era, particularly in the postmodern era, influence and shape our worldview (Morris, 2000).

### **Conclusion**

Most individuals view problems associated with health and sickness as serious. Individuals consider different options in health care, either primary health care or complementary medicine. The ambiguity which comes with postmodernity can generate certain health challenges. Some postmodernists view attention to health and sickness from various perspectives as worthwhile. Postmodernists advocate for the removal of the establishment of new boundaries and speak against the legitimacy of certain theories.

In health and social care, the justification for critiquing some of the claims made by social and health care practitioners is definitely applicable. This research considers health and illness, beyond biological dysfunction, and examines the socio-constructive perspective. It is postmodern oriented and seeks to demonstrate that the

prevailing biological model of health and illness, primarily, neglects health and illness discourse and, more importantly, the aspects of power, social, and subjective. In postmodern society, health lacks an objective reality. What people refer to as health is and has always been a socially constructed, fragmented, and marketable 'movable feast'.

### References

- Baudrillard, J. (1988). *Selected Writings*. Cambridge, Polity Press.
- Beck, U. (1992). *Risk Society: Towards A New Modernity*. London, Sage Publication.
- Burry, M. (1997). *Health and Illness in Changing Society*. London, Routledge.
- Canguilhem, G. (1989). *The Normal and the Pathological*. New York, Zone Books.
- Canguilhem, G. (1989). *The normal and the pathological* (C. R. Fawcett & R. S. Cohen, Trans.). Zone Books.
- Conrad, P., & Barker, K. K. (2018). The social construction of illness: Key insights and policy implications. *Journal of Health and Social Behaviour*, 59(2), 209–225.
- Deleuze, G. and Guattari, F. (1984). *Anti-Oedipus: Capitalism and Schizophrenia*. London, Athlone.
- Deleuze, G. and Guattari, F. (1988). *A Thousand Plateaus*. London, Athlone.
- Deleuze, G., & Guattari, F. (1988). *A thousand plateaus: Capitalism and schizophrenia* (B. Massumi, Trans.). Athlone Press.
- Fox, N.J. (1993). *Postmodernism, Sociology and Health*. Buckingham, Open University Press
- Giddens, A. (1991). *Modernity and Self-Identity*. UK, Polity Press.
- Hassan, I. (1985). *The Culture of Postmodernism*. Sage Publication.
- Hutcheon, L. (1987). *The Politics of Postmodernism*. London, Routledge.
- Lupton, D. (1995). *The Imperative of Health: Public Health and the Regulated Body*. Australia, University of Canberra.
- Marmot, M. (2005). *Social determinants of health inequalities*. *The Lancet*, 365(9464), 1099-1104.  
[https://doi.org/10.1016/s0140-6736\(05\)74234-3](https://doi.org/10.1016/s0140-6736(05)74234-3)
- McDaniel, S. (2011). Health and Illness. *Sociopediassa*. Canada, University of Lethbridge.
- Mitchell, D. (1996). Postmodernism, health and illness. *The Journal of Advancing Nursing*, 23, 1.
- Morris, D. (1998). Illness and health in the postmodern age. *Advances in Mind-Body Medicine*, 14(4).

- Morris, D. (2000). *Illness and Cultural in Postmodern Age*. California, University of California.
- Nettleton, S. (2021). *The sociology of health and illness* (4th ed.). Polity Press.
- Postmodernism and Health. *Health Matters*, 9-22. London, Allen and Unwin.
- Sacks, O. (1985). *The Man Who Mistook His Wife for a Hat*. London, Picador.
- Sedgwick, P. (1982). *Psychopolitics*. London, Pluto Press.
- Ward, G. (1997). *Postmodernism*. Illinois, Teach Yourself Books.
- White, K. (2002). *An Introduction to Sociology of Health and Illness*. London, Sage Publications.
- WHO, (1985). *Targets for health for all*. Geneva, World Health Organization.
- Wright, W. (1982). *The social logic of health*. New Brunswick, Rutgers University Press.