Critical Perspective of Health And Illness

BISHNU SAPKOTA
Ph.D Scholars,
Faculty of Education Graduated School of Education
Tribhuvan University NEPAL
Lecture: Mahendra Ratna Campus
Tahachal Kathmandu
JanaBhawna Campus Lalitpur
hps.sapkota@gmail.com

ABSTRACT

Health and Illness is a text that looks at health and healthcare through the lens of social epidemiology, critical sociology, political economics and human rights. These perspectives and analyses provide dramatic new insights into our understanding of health, illness and healthcare. Sociological emphasize the health and illness of people is depend on social background. Good health is effective health care system in society; health and illness depend on social construction. Marxist approaches emphasize the causal role of economics in the production and distribution of disease, as well as the role that health knowledge plays in supporting the class structure where as Feminist approaches that pregnancy and child birth is a natural process. Functional talks about the empowerment of women in the society.

Introduction

Health promotion has been defined “the process of enabling people to increase control over their health and its determinants, and thereby improve their health” (W.H.O 2014). Health promotion includes strengthening the skills of individuals to encourage healthy behaviors and it also includes building the healthy social and physical environments to support these behaviors.” Participation is essential to sustain health promotion action. Health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to wellbeing (W.H.O, 2015).

Critical perspective is the theoretical paradigms that inform the investigation of globalization. Critical theory today is a broad theoretical orientation that include a verity of the different approach and perspective analysis of contemporary phenomena. Despite this diversity there are the two primary way of identifying and defining critical theory and its concerns.
**Method:**
This article is analyzed from secondary sources. Mainly they are taken from books, journals articles, related research, source of data, national and International journal, publication related book and thesis reports related to the topic visiting different websites,

In this article explain the varies concept of health and how the different sociological and other perspective define the different between health and illness .Health can means different thing people and in influence by our age, gender, culture social class, there is no specific definition of health and that is used universally .Health is important as health is wanted and has consequence for promoting health.

A Positive of health concept of health as an explanation of well being and also related to individual, physical, emotional well being this also under the definition of world health organization .The concept of negative health has a view that health is an absence of illness and also takes the bio-medical perspective of health.

The first and perhaps most widely recognized critical theory is that associated with the body of work developed by members of ‘the Frankfurt School’ or the Institute for Social Research. The Frankfurt School theorists were heavily influenced by the philosophies of Kant, Hegel, and especially Marx (Frankfurt school Germany in 1923) Critical theory, drawing from the enlightenment tradition, considers social science to be tasked with liberation from 'unnecessary restrictive traditions, ideologies, assumptions, power relations, identity formations, and so forth, that inhibit or distort opportunities for autonomy, clarification of genuine needs and wants' and therefore greater and lasting satisfaction (Alvesson & Willmott 1992:)

Critical theory would also affect the structure and activities of the scientific community' and more fundamentally 'potentially affect the structure of the scientific community itself due to the intimate relationship between methodology, as well as the criteria for what constitutes a valid scientific product, and the social structure of the scientific community' within which research outputs are produced.

Empowerment as a social action process therefore becomes the strategy that addresses this lack of control through enhancing participation in community actions, reinforcing sense of community and social networks, promoting a belief in people that they can control their worlds and leading to actual socio-environmental changes.

**Discussion various approach of Health and Illness**
Sociologist perspective health and illness not only because they are intrinsically interesting and go to issue at center of human existence, Health problems associated with poor housing, for example were a persistent feature of people’s experience of life in the area. People living in high-rise accommodation stressed the practical and psychological difficulties of bringing up children in this environment feeling depressed and isolated, being unable physically to get in and out of the area because of faulty lifts; trying to negotiate the area with prams and shopping. Unemployment, poverty, economic decline and the experience of crime were frequently mentioned as having severe and debilitating effects on people’s health. Even within the social sciences, beliefs about health and illness has been undertaken, these beliefs are
rarely presented as enhancing understanding about explanations for ill health. Typically they may be studied in their own right as cultural products or considered important to the development of more effective health promotion policies – where they inform our understanding of the place of health and illness within the social and cultural orders of everyday life (Blaxter 1983, Cornwell, 1984, Davison et al. 1991).

The functionalist perspective that health is important is bringing society together if the society is healthy then it function more effectively. Ill health is considered as the deviance. Its emphasize that good health and effective medical care are essential for a society that ability to function. Ill health impairs our ability to perform our roles in society, and if too many people are unhealthy, society’s functioning and stability suffer. That is especially true for premature death, (Talcott, Parsons 1991)

It prevents individuals from fully carrying out all their social roles and thus represents a “poor return” to society for the various costs of pregnancy, birth, child care, and socialization of the individual who ends up dying early. Poor medical care is likewise dysfunctional for society, as people who are ill face greater difficulty in becoming healthy and people who are healthy are more likely to become ill. Parsons was certainly right in emphasizing the importance of individuals’ good health for society’s health, but his perspective has been criticized for several reasons.

First, his idea of the sick role applies more to acute (short-term) illness than to chronic (long-term) illness. Although much of his discussion implies a person temporarily enters a sick role and leaves it soon after following adequate medical care, people with chronic illnesses can be locked into a sick role for a very long time or even permanently. Second, discussion ignores the fact, mentioned earlier, that our social backgrounds affect the likelihood of becoming ill and the quality of medical care we receive. Third, Parsons wrote approvingly of the hierarchy implicit in the physician-patient relationship (Buckers, A.2009)

The conflict approach emphasizes inequality in the quality of health and of health-care delivery (Weitz, 2013). Society’s inequities along social class, race and ethnicity and gender lines are reproduced in our health and health care. People from disadvantaged social backgrounds are more likely to become ill, the conflict approach also critiques efforts by physicians over the decades to control the practice of medicine and to define various social problems as medical ones. Physicians’ motivation for doing so has been both good and bad. On the good side, they have believed they are the most qualified professionals to diagnose problems and to treat people who have these problems. Cities the conflict approach assessment of health and illness as many people economic considered their effort to extend their scope in to previously non medical area also stem from honest belief that people health and lives improve if these effort succeed .

The feminist have to focus the male dominate of the medical word and the impact this has had on women. Feminist believed that pregnancy and child birth should be classed as medical condition some time even and illness rather than natural process they also focus on female issue. Although this care is often very helpful, the definition of eating disorders as a medical problem nonetheless provides a good source of income for the professionals who treat it and obscures its cultural roots in society’s
standard of beauty for women (Whitehead & Kurz, 2008).

Feminists have based their approach on how men dominate the medical profession and their impact it has on women they have also focus how female issues are known as medical problems for child birth and pregnancy is considered as medical problem or sometime be known as illness (Whitehead, K., & Kurz, T. 2008).

The symbolic interactions approach emphasizes that health and illness are social constructions. This means that various 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 and its members (Buckser, 2009; Lorber & Moore, 2002). It has also provided important studies of the interaction between patients and health-care professionals. Consciously or not, physicians “manage the situation” to display their authority and medical knowledge. Many serious conditions do exist and put the people at risk for their health regarding what they or their society thinks. Critics also say that the approach neglect the effort of social inequality for the health and illness. Despite these possible faults, the symbolic interactions approach reminds us that health and illness do have subjective as well as objective reality too.

Sociologists, on the basis of empirical research, demonstrate how the interactions of class, of professional interests, of power, of gender and of ethnicity enter into the formation of knowledge about and health / treatment of a sickness or disease. They demonstrate the social production and distribution of diseases and illnesses. Sociologists make no claim to being biological scientists; they do make the claim that biological knowledge can be sociologically explained, to show that our knowledge of health and disease is created in a political, social and cultural environment.

Sociologists do not accept the medical model of disease and illness as simply biological events; they then examine the social functions of medical knowledge. They examine the way medical (health) and biological explanations of disease function in our society. Health knowledge is produced in and reflects structural features of society. It explains a natural ‘what, from a sociological perspective, are social phenomena. The working class is sicker and dies earlier, why women are diagnose sick more than men, ethnic groups do not receive the services they need, requires a sociological explanation and not a biological.

Marxist believes that the bourgeoisie are the ones who define that it is to be healthy and to have ill health. There is no such thing in a society only individual and families. They believed that the doctors bourgeoisie because without the rich class society would not be able to function without them. They emphasize the causal role of economics in the production and distribution of disease, as well as the role that health knowledge plays in supporting the class structure. Parson and sociology emphasizes the role of health and medicine in maintaining social harmony, pointing to the non-market basis of professional groups. At the same time, its critical sociological boundary is maintained by the way it highlights the social control function of medicine in enforcing compliance with social roles in modern society.

Marxist believes that the definition of health and illness is strong minded by upper class. They also believe that doctor only give out
there service to the upper class in reason 
they believe that the upper classes have 
more power and money can enjoy a higher 
stander of health. Equity is a central issue 
in public health ethics, grounded in our 
understanding of the inescapable nexus 
between poverty, disadvantage, oppression, 
and poor health. Relative poverty is a major 
risk factor for increased morbidity and 
mortality, both nationally and internationally. The conditions for health 
(however we define health) are best met in 
societies with least inequity. (Daniels N, 
Kennedy, 1999)

Health and illness is a growing concern in 
post modern societies. Individual need to 
think of new way of accessing health care 
provision and perhaps even nontraditional 
options such as alternative medicine. Post 
modern society can lead to growing health 
problem. Post modern believe that people 
should challenge conventional view on 
health and ill health.

**Reflection**

Health is an essential factor of human being 
and to be healthy is important to create 
healthy environment. Health promotion 
creates awareness about the healthy 
environment. Health promotion includes 
strengthen the skills of individuals to 
encourage healthy environment to support 
these behaviors. Health promotions always 
focus on the women empowerment and 
sanitizations. Over all from this perspective 
we have concluded according to the 
different person’s point of view health and 
health promotion reflects the same 
perspective or health problems are 
associated due to poor financial background, 
housing, lack of education and sanitization. Feminist focuses on the male dominate 
where they believes that pregnancy and 
child birth should be classed as a natural 
process where Marxist believes that healthy 
environment and health is provided to the 
high class society and family because it is 
beyond the poor class due to their economic 
condition.

**Conclusion**

Overall I have seen the different explanation 
each sociological explanation has define 
health and ill health and has look as 
the different concern of health. Sociological 
understanding emphasizes the influence of 
the people social background on the quality 
of their health and health care. A society and 
culture also structural role after health and 
health care. The factionalist emphasize that 
the good health care are essential for a 
society ability to function and its views the 
physician, patients relationship as 
hierarchical. The conflict approach 
emphasizes inequality in the quality of 
health and in the quality of health care. The 
interactions that the health and illness are 
the social construction, physical and mental 
condition have little or no objective reality 
but instead are healthy or ill condition only 
if they are defined are as such by a society 
and member. Feminist main focus on male 
dominated medical and advice impact these 
has lead women.

**Reference**


Buckser, A. (2009) Institution, agency and 
illness in the making of Toilette 
syndrome *Human organization*, 68(3)293-306

Diamond, A. (2011), acceptance of fact as the 
norms is cause for concern. *Nursing standard* 25(38)28-28


https://alishacampbell.wordpress.com/2013/12/05/p2-explain-different-sociological-approaches-to-health-and-ill-health