

# Critical analysis on health and illness definitions



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According to the definition offered by the World Health Organisation (WHO) (1948) health is ' a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.' This paper seeks to offer critical analysis on the definitions of health and illness in respect of prominent academics in the field. Furthermore an in-depth discussion will be raised on the ways health can be perceived in a social context with regards to the relationship between negative social factors and health through the use of studies and surveys.

To find the definition of health one can refer to Kenworthy (2002) who revealed the apparent links to theories that directly relate to health care. A noticeable theory consists of the biomedical concept. This concentrates on the belief that being healthy is to be without recognisable disease. One can see a direct contradiction of the biomedical concept of health in contrast to the definition offered by WHO (1948). On the other hand the WHO recognises that health is not ' merely the absence of disease or infirmity.' This undoubtedly questions the strength of the biomedical concept in its definition of health.

The definition revealed by WHO (1948) has similarities with the holistic concept of health which makes reference to the various dimensions of health each relating to each other and the need for health care professionals to treat the individuals and not just one aspect of their health. Ewles and Simnett (1992) made reference to the individual's physical, mental, emotional spiritual, social, sexual, societal and the environmental aspect of their health.

Equally important is the definition of illness. When the elements of the WHO definition are not fulfilled then the individual may be regarded as ill. This is reflected by the definition offered in Mosby's Medical Dictionary (2009)[2]. He defines illness as ' an abnormal process in which aspects of the social, physical, emotional, or intellectual condition and function of a person are diminished or impaired compared with that person's previous condition.' McWhinney (1987)[3]described illness as the subjective perception by a patient of an objectively defined disease. This is an interesting argument as it tells us the extent to which a patient may perceive their own illness. Indeed acknowledging this may be helpful in understanding the definition of illness. However on the other hand it does not allow for a uniform concrete definition as we are made aware that social aspects come to play as well as the individuals own perception.

Kenworthy makes an interesting argument when he outlines that health is seen in the context of the distribution of illness, epidemiological patterns and class structures of that society. Helman (1992) builds upon this when he states that the presentation of illness and the way in which an individual responds to it is largely determined by sociological factors. In addition to this he elaborates that these factors influence the perception of which symptoms and signs are abnormal in a given culture. He gives the example of how a child growing in a particular culture learns how to respond to, and express a range of physical or emotional symptoms or social stresses in a culturally patterned way. (Helman 1992) This respect that everyone's perception of illness will vary.

Abraham & Shanley (1992)[4] have adopted a health belief model which raises four key components of a person's belief about their own health. This includes how susceptible we are to the illness in question, the seriousness of the illness, the potential costs and the effectiveness of this action in relation to possible alternatives.

The reasons behind the recognition of the socially constructed concept is illustrated by Kenworthy (2002) who points out that nurses for example have become "more person centred and individualised" whereas prior to this there was a more medical -disease orientated approach. This is emphasised by Corbett (1995) who identifies the recognition of the patient in healthcare as an active participant rather than a passive recipient of care. Thus it is arguable that with the changing emphasis of care the study of the sociological aspect of patients has become almost a central feature in the education of nurses and doctors.

According to the Poverty Site[5](2009) poverty and health site the relationship between poverty and health is complex. Various factors are considered such as poor environmental conditions, poor housing, pollution, low education levels and unawareness of needed medical care, financial barriers in accessing health services, and a lack of resources necessary to maintain good health status which may entail poor diets.

The Hillingdon Crime Survey 2004[6] is a good representation of the direct effects of crime on health. Although it was carried out five years ago it does offer insights into figures as to the direct and indirect effects of crime on health. The survey was based on a random sample of over 2400 residents on

the electoral register of whom 25% responded. Twelve point six percent encountered direct effects of crime including physical injury, disability and death resulting from violent assaults, abuse and accidents, including those caused by

dangerous driving. It was discovered that when asked the impact of crime on their health almost seven per cent reported an injury; ' 6. 1% onset or relapse of an eating disorder; 9. 4% increased use of alcohol, drugs and/or smoking; nearly 60% increased stress or anxiety, 28. 2% depression and about 17% each reported isolation and insomnia'. (Hillingdon Crime Survey 2004).

On the other hand the indirect effects of crime on the victim's health consisted of time off work, financial losses and changes in home circumstances. The findings also disclosed that for some victims, there were long term consequences of higher rates of mental health problems, smoking, alcohol and drug misuse, neglect of their health and ' risky sexual behaviour'[7]. The Acheson report ([8]) supports this finding as it revealed that fear of crime and violence can affect people's quality of life and also be a cause of mental distress and social exclusion.

The British Medical Association (2003)[9] identifies the important contribution made to health and illness by the standard of accommodation. Undoubtedly the quality of accommodation is strongly related to income, Therefore it is reasonable to conclude that those with a satisfactory or higher income can minimise the adverse effect of poor housing resulting in better health. The report also reveals that social and physical characteristics of the surrounding

area are also vital in maintaining good health. Indeed the fact that poor quality accommodation is often situated in impoverished surroundings contributes further to making vulnerable individuals housebound. The report cited the elderly, the very young and those suffering from long-term ill health amongst the vulnerable individuals who are at particular risk. Thus these groups have the greatest exposure to many specific hazards.

These studies and surveys highlight the importance of social and economic factors as an adverse effect of poor health. We can see that especially those in poor housing conditions and those habiting in deprived high crime areas are most likely to suffer ill health.

However there are encouraging policy and legislation which exists to minimise these social factors on the health of individuals such as the Health and Social Care Act 2008,

The Health Act 2006 prohibiting smoking in certain premises and provides a minimum age of persons to whom tobacco may be sold and the Health Bill 2009 that attempts to improve the quality of NHS care and public health[10].

It is apparent that the definition of health and illness endorses not only the individuals' objective medical condition but also the impact of social factors. Whereas the biomedical model of health has a more individualistic approach the socio medial approach is more valuable in giving a considered perception of the definitions of health and illness. Indeed one agrees with Helman's analysis (1992) as he reveals that the presentation of illness and the way in which an individual responds to it is largely determined by sociological factors. It is also evident that whilst applying the social medical approaches <https://assignbuster.com/critical-analysis-on-health-and-illness-definitions/>

that the relationship between poverty and health should also be acknowledged. If the individuals perception of health is to improve positively then negative social factors which contribute will need to be addressed further; such as low educational attainment levels, poor housing, and dangerous environments including crime levels.