

Influences and directs the ways sociology essay

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In order to approach the topic one must be able to understand health, illness and disease from a cultural and social perspective. If an individual is seen to be healthy when they are in a "state of complete mental and social wellbeing and not merely the absence of disease or infirmity" as defined by the World Health Organisation (WHO), (1948: 100), one is able to see that in order to understand health one has to understand its social origin as a social construct. This social construction of health encompasses illness as the way one person experiences disease or discomfort. Whereas disease is the bio-medically accepted state when the body is not completely functional according to Leah Gilbert, Terry-Ann Selikow and Liz Walker, (2009: 13) which may result in the experience of illness. As illness is a human behaviour linked to the mind it can be seen to be affected by social aspects. Culture is a social construct that must be approached from the relative context of the interaction of individuals at work, in the family, whilst accounting for health and social inequalities. Culture may be viewed as the characteristics showed by a particular group of people and is thus socially constructed. As culture is a social construction of reality it stands to reason that it both affects people within society and is affected by the human beings within that society on an individual, social and societal level which Nettleton (2008: 8) referring to Turner (1995: 4-5) is important to understanding health and illness. Culture acts upon all three levels, acting on the individuals understanding and perception of health, the social level of the formation of different health systems and practices as well as the societal level of political influence through what cultural practices are legal and which practices are illegal. The influence of culture and its constant ability to change along with medical advances allows culture to have a profound effect on the understanding of

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health and disease as well as the manifestation of illness in individuals experiencing these processes. However, culture does not dictate the actions or behaviours of individuals as is stated by Leah Gilbert et al, (2009: 76). The structure that is culture is affected by the agency of the individuals on which culture acts. It is the choice of the individual whether or not to follow cultural practices or ideologies in their understanding of health. As a result in cases where one does not practice in a culture that affects the interpretation or experience of health it cannot be said to influence the individuals manifestation of illness or cause of disease on any level other than social perceptions of the individual in his or her community. In this way the only negative effect on health is the conceived social understanding of the individual by the community which may negatively impact on the individuals social wellbeing. Thus a community can influence ones health and understanding of disease and illness through culture and affect one's ability to make decisions. As culture may become embedded in an individual's decision making or lifestyle choices it may affect the individuals understanding of the causes and manifestations of health, disease and illness. Certain practices of religion and tradition may have negative impacts on the lifestyle and health of an individual. One such example is female circumcision or female genital mutilation which is documented by Morris, (1996) to be a significant cultural practice in many countries such as Somalia and Nigeria. Nigeria was reported to have a 66, 9% of woman support the practices of female circumcision. This practice in itself has numerous possible health implications such as difficulties during childbirth, haemorrhaging and infection. However, according to the definition of health by the WHO a woman who practices female circumcision or infibulation may

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be seen to be healthier due to the social understandings of the cultures in the countries where they are openly practiced. This higher status comes from the upholding of tradition and cultural practices which honour their family and husband. Another example of cultural practices that influence the cause and manifestation of health and disease is the abuse of women. This form of violence may be seen as a "disease of meaning" according to Kim A. Jobst, Daniel Shostak, and Peter J. Whitehouse, (1999: 495) which they argue to be a reason for an individual to experience illness due to a negative influence on their life. The negative influence in the abuse of woman is the relationship factor between men and woman which may be easily influenced by the culture of the individuals as noted by Gontek, Ines, (2007: 1) through the example of "corrective rape" practices against lesbian woman in South African society. Practices such as these negatively affect the psychological and social wellbeing of the woman and may expose them to sexually transmitted diseases or injury. As a result it may be seen that this cultural practice itself shapes the aetiology of the diseases transmitted as well as influences the health of the woman. Culture, in this instance, may also be said to be the cause of the practice as men try to correct the women's sexual orientation as if it in itself is a disease and are trying to correct the causes of her disease. Cultural practices thus clearly play an integral role in human society. Culture is transmitted from person to person through the process of socialisation, which occurs at a primary and secondary level. As the cultural practices of an individual influences the ways in which they perceive health it is important to note that socialisation occurs both within the family context (primary socialisation) and after the age of five where an individual is exposed to other social influences that may or may not be different to those

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of primary socialisation (secondary socialisation). These forms of socialisation influence the ways we perceive events and influence our reactions to these events. There are two models that pertain to health care that due to their characteristic approach to the understanding and interpretation of medicine, aetiology and treatment may be seen to be in themselves a subculture of health in modern society. Healthism in itself may be seen as a cultural practice as it has a general belief of preventing disease through precautionary measures as well as specific social habits that are employed in order to avoid health implications. This active intake of healthcare products as is characteristic of healthism according to Ballard, K. and Elston, M. A. (2005: 63-65) highlights how numerous factors are seen to be the cause of ill health such as lack of exercise and poor diet. This culture has also been involved with accrediting power to the medical profession through fighting natural processes such as aging as a disease. In this way healthism promotes the ideology that natural processes such as aging are manifestations of disease. There are two models of health care which both incorporate and evolve cultural practices. The bio-medical model of health care, as referred to by Hart in Gilbert, L. et al, (2009: 3) is associated with western culture and western methodologies such as treating the patient as passive and viewing the cause of ill health as aetiologically specific. However, it should be noted that even though this is the dominant characteristic of the bio-medical model there is variance in the practice of this model that depends on the interaction of this subculture of health with the cultures of the communities with which it interacts according to Clark, M. (1998). Due to the practice of viewing the patients as passive in this model it is less accepting of tradition, practices and ideologies pertaining to culture.

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This culture has become dominant in the Western world such as Europe and the United States, this may be seen as advantageous as the understanding of the causes and manifestations of disease and illness due to a general consensus of aetiology and manifestations of illness and disease. Although, this model does not account for certain conditions that have no factual basis provable by the bio-medical model that may be better explained and accounted for through cultural understandings and practices. In these situations an alternative health model is available and as the boundaries between patient illness and disease becomes more and more blurred as social and psychological disorders and influences manifest into symptoms identifiable by the biomedical model. The psycho-socio-environmental model of health, as referred to by Hart in Gilbert, L. et al, (2009: 3) is able to engage with numerous different cultures by emphasising social solutions and the social, psychological and environmental context of the individual seeking treatment. The psycho-socio-environmental model stresses multiple causation of disease that includes the environment the individual lives in, their socioeconomic class, among other factors that may have assisted in the contraction of a virus, disease, germ or genetic trait. Due to the changing social nature of human beings which influences the psychological response to the environment this model is more accommodating and understanding of different cultures and how they may change the perceived manifestation of disease and illness. As a result of this increases understanding the manifestation and causes of diseases and their interpretation is governed by the culture of the individual when it interacts with the psycho-socio-environmental subculture of health. The aetiology, or cause, of a specific disease is culturally specific and as a result dependant on the culture to <https://assignbuster.com/influences-and-directs-the-ways-sociology-essay/>

which the person presenting the symptoms belongs. The western culture approaches the aetiology of disease to be specifically caused by a bacteria, virus, fungus or genetic predisposition to a disease. Whereas certain health systems view the aetiology of disease and illness to be holistically based and as a result the cause of the disease may stem from an imbalance between the mind and body. The spiritual aspect of culture in some healing systems view the aetiology to belong to the supernatural realm of magic or witchcraft, according to Walker, L., Reid, G. and Cornell, M. (2004: 90-91), where epilepsy can be interpreted as a gift from the ancestors of spiritual importance and not a medical condition. These different aetiologies come from different cultural understandings and beliefs and affect the way in which disease is understood and perceived by individuals of a certain culture. Due to the numerous different understandings of health, aetiology and the manifestations of disease and illness other health systems were established in order to explain the causes and manifestations pertaining to the culture of the individual. Health systems such as Ayurveda medicine which stems from the cultural practices in India from more than 5000 years ago. The causes which result in the manifestation of ill health in ayurvedic medicine involve poor diet and an unhealthy lifestyle otherwise called an " imbalance in the doshas" according to the University of Maryland Medical Center. As a result the manifestation of disease can be interpreted in a different way to that of the more western medical practices of allopathic medicine. Traditional healing in South Africa is a healing system that relies on the interaction of an individual with a sangoma or other specific healers such as specialists or medicine men and herbalists. The aetiology of many diseases within the traditional healing health system lies within the

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supernatural realm and as a result many issues such as " bad luck" and loss of sexual prowess are classified as diseases that can be treated. These unique manifestations of disease and illness of the individual based in the realm of the supernatural is another example supplied by Walker et al (2004: 95) of the way in which the Traditional African culture is able to influence the way disease and illness are caused and manifested. Due to the changing nature of culture, and its ability to adapt to new information and practices, as people and their beliefs change and evolve combined medical systems become more used. Barnes, P. M., Powell-Griner, E., McFann, K. and Nahin, R. L. (2002) 62% of adults in the United States use a complementary or alternative medical practice in 12 months. This growth in the popularity of complementary and alternative medicine(CAM) has resulted in distinct patterns in the way individuals seek medical attention which may be viewed as micro-level approaches or macro-level approaches depending on the extent of their use according to Stratton, T. D. and McGivern-Snofsky, J. L (2008). These ways are using complementary medicine where both allopathic and CAM are practiced together, alternative medicine where only CAM is used and integrative medicine where the two forms of medical practice are integrated and combined according to levels of effectiveness and safety. As medical systems evolve to adapt to culture and culture adapts to include different medical practices it is clear that both medical systems and culture are influenced by each other and affect the perceptions of the individuals within a culture. The cultural background of an individual may influence the perception of what is acceptable and what would be considered abnormal in relation to health or medical issues. One such example by Helman, C. (2002: 128-129) is the behaviour of pain and the expression of

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this pain to the public. As Helman notes the culture of a group of people requires different approaches to pain which may be a manifestation of health and disease. An example being the Anglo-Saxons who do not express pain as their society places importance on strength and fortitude. This suppressed manifestation of health and disease removes the expression of illness from these individual in this instance and in effect shapes the way they understand health and disease. This relates to the perception of disease and health itself. An individual may consider themselves healthy or at the very least not ill depending on their perception of normality in response to certain symptoms according to Gilbert, L. et al (2009: 80). This recognition of normality may result in the passive approach to the resulting health implications of practices of culture as they are seen to be the effect of a pursuit. Examples of practices that may result in bodily harm, disease and possibly illness that are caused by cultural perceptions of beauty include foot binding, neck rings, corsets and head binding. These practices of cultural expression are in themselves often the cause of disease and illness whilst also promoting the health of an individual in terms of the individuals social wellbeing in their society. This sacrifice may be seen as justifiable by the cultural practice of the individual but the effect on the understanding of the manifestations of disease or illness as well as the cause are viewed as acceptable sacrifices that can promote the individuals social health. Medical dominance influences the perception of what is normal and abnormal and as a result influences culture. As medical dominance increases in prowess we have seen certain cultural practices decrease such as foot-binding in China due to medical implications and political relations between men and women. As more process and life experiences become the domain of medical

practices and science during the process of medicalisation, Ballard K. and Elston, M. A (2005: 230) argue that medicalisation effects social control. As culture is a result of society it is thus also affected by medicalisation in numerous ways. Cultural practices have been seen to begin to incorporate medical ideologies into their own medical practices. One such example is the belief of traditional healers that HIV/AIDS is transmitted through " dirty blood" which includes any infected bodily fluids and sexual intercourse according to Walker et al (2004). As a result it can be said that as medicine evolves so too does culture which allows culture to continue to shape the ways in which people understand the causes and manifestations of health, disease and illness.