

Postmodern Perspective towards Human Health and Illness

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Abstract

Health and illness, as widely used terms in postmodern society leave a wide scope as to their definition and conceptual interpretation. The medico-technical perspective refers to health and illness as objective changes in the structure and functioning of the human body and mind, as a result of which the bodily and mental integrity of the human organism is affected detrimentally. On the contrary, the social sciences, and especially medical sociology, define health and illness essentially in terms of the social system within which they occur. The main task of medical sociology is to pay attention to those social systemic and sociocultural aspects of health and illness which are sometimes grossly neglected or insufficiently understood by the medical sciences, thereby to contribute to a comprehensive approach to these phenomena. This study is based on review of the related literature to postmodern perspective towards health and illness. The aim of this study is to explore the postmodernist perspective towards health and illness. Thus, I will be exploring the various concepts of health and illness and also explain the postmodern perspectives of health and illness in different ways.

Keywords: Postmodern perspective, health, illness, philosophical, sociological

Introduction

Postmodernism is not a school of thought. It is not a unified intellectual movement with a definite goal or perspective. Postmodernism can be the set of ideas which try to define or explain the state of affairs in society or a word used in many different contexts to cover many different aspects (Ward, 1997). Postmodernism literally means after the modernist movement. Post-modernism focuses on the rapid change in our society. Post-modernists say society now is much less stable, more fragmented and fast changing which causes uncertainty and chaos within our societies.

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Postmodernity refers to changes in capitalist society over the past 30 years. Broadly these are the decline of the industrial sector; the associated decline in the working class; the decline in unionization and the decline in occupation as a source of identity; and the weakening of the rigid distinction between the public and the private sectors, with their associated gender division of labor. It is often argued that the consequences of these transformations are increased freedom for the individual, who has been liberated from the old social structures of occupation and class and from the household and gender. We now live in a set of social organizations that allow us to be reflexive about our social identity and, in a sense, to construct our own biographies. Ulrich Beck has argued that we will be set free from the social forms of industrial society, class, stratification, family and gender status(Beck, et al. 1992).There are common themes, though, in the postmodernist account of contemporary social structure. These elements offer a contrast between two abstract societal types, that of the industrial modern society and that of the post-industrial postmodern society. The changes postmodern theorists point to have significant implications for the organization and delivery of health care. An increasingly decentralized state sheds its collective functions, especially those around health(White, 2016). To attempt to set out any kind of a program for a postmodern perspective on health is perhaps questionable, given the commitments to open-endedness, difference and fragmentation which postmodern writers espouse(Baudrillard, 1988; Hutcheon, 2003). So in setting an agenda for this study, I shall constrain myself to the proposition that postmodern social theory asks us to reflect upon our assumptions about the world, and our representation of it and its contents. In relation to questions of health and illness, this means that the enterprise of postmodern exploration is concerned with what could be expressed as the politics of health-talk.The postmodern approach focuses on the micro-politics of such out workings of power and authority rather than the macro-structures of a society. It looks closely at the movements of difference and deferral within discourses and their claims to truth. This leads to a general skepticism about the commonsensical notions of social structuring, organization and continuity of the world, and a new interest in what is repressed and unconscious, in addition to the rational and articulated.Finally, the politics of this kind of postmodern perspective is inter-textual(Fox, 1998). In this study,I have provided new reflections on a current issue in health and illness. Hence, the aim of this study isto explore the postmodern perspective towards human health and illness.

Methods

This study is based on review of related literature to postmodern perspective towards health and illness. For this, I have searched different search engines such as Google Scholar, Google Search and other internet sources to obtain required information to develop this article.

Results

The study was carried out with review of the related literature and analyzed the postmodern perspective towards health and illness. Thus, I have generated two main themes regarding health and illness, which are analyzed below.

Postmodern Perspective on Health

Postmodern view of our world is simultaneously terrifying and liberating. By the start of this century, the great explanation of religion, promising perfection in an everlasting life after death, had given way to the big utopian political visions, which promised a perfect society in this life. Through the middle part of the century, these visions were inexorably corrupted into monstrous dystopias, and now, in our postmodern world, the resulting disillusion has fostered a deep distrust of all comprehensive explanations of, and solutions to, the human predicament. The notion of absolute truth has given way to an acceptance of multifaceted truths and the legitimacy of a range of approaches to the same problem. This challenge to the big explanations enriches our understanding but shakes our security. Patterns dissolve leaving us bewildered and disorientated but with seemingly endless possibilities of creating new patterns and finding new truths and new ways of relating to the world, each other, and ourselves (Morris, 2000). Health is now considered to be one of our most important values. Many people, in particular in modern times, have regarded health as one of the most precious values in life. Health, as well as longevity, should, they think, be protected and enhanced as much as possible. Thus, the art and science of medicine has received a crucial place in the modern, both Western and Eastern, society. The doctors and other health workers are important people. They are highly regarded and they are well paid in most countries. In certain circles they have replaced the priests or even the gods of old times. The shift in cultural emphasis towards consumerism and health rather than illness, together with a more pluralistic medical setting in which self-help groups, media based information systems and alternative medicine are growing, is helping to constitute the transformation of modern into postmodern society (Hassan, 1985). In this perspective the modern expert is not just being challenged, but is relegated

to being merely one of a number of more or less authoritative sources. From this point of view, it is argued, medical sociology needs to abandon its intellectual roots and adopt an approach to health and illness which sees them as being constituted through an array of discursive practices. Indeed, even health becomes a possibility rather than a reality (Fox, 1993). As a result the values of public health themselves are subject to scrutiny in an attempt to undermine and context accepted understandings and assumptions about public health and health promotional practices (Lupton, 1995). The issues that are being addressed in these forms of postmodernist are noteworthy, particularly as the balance sheet of modernity is drawn up at the close of the millennium various problems are highlighted. As a result of such analysis, among them are the development of powerful surveillance techniques through medical activity, the nature of health risks including those produced by medicine itself, the need for reflexive assimilation of health information, the importance of gender, age and ethnicity alongside social class, and the impact of a consumer culture on health. However, the idea that these signify the arrival of a postmodern society requiring a postmodern medical sociology with no value commitment to public health is more debatable.

Postmodern Perspective on Illness

The illness is a mental, emotional, and bodily event constructed at the crossroads of biology and culture. Our culture changes, so must our view of illness, and that the postmodern gaze introduces both new terrors and new freedoms into the arena of health and healthcare. The focus has simply shifted from society to the individual and from the soul to the body. Our obsession with the utopian body makes anorexia nervosa a quintessentially postmodern illness and, more broadly, fuels a fear of illness and disease that is out of all proportion to the unprecedented health and longevity enjoyed by those in the developed world. Biomedical science clings to the wreckage of an embracing essentially modernist explanation of the human experience of illness and disease, while simultaneously promising much more than it can deliver. If the explanation aspires to be comprehensive, it follows that death will come to be seen as a failure of science, and ultimately the desperate excesses of medical intervention drive the calls for legalized euthanasia.

In the postmodern world, all generalizations, all categories, and all classifications are open to challenge, and slowly this new perspective is infiltrating medicine. The doctor's claim to knowledge of objective fact is challenged by the immediacy of the patient's

subjective experience. Insights from anthropology, sociology, philosophy, psychology, and poetry challenge the medical annexation of truth and profoundly alter our understanding. Each discipline uses words in a different way, and so each can contribute to reducing the dimension of suffering and pain that remains beyond language. Healing must always seek to give voice to suffering, and the greater the range of words and meanings we have at our disposal, the clearer the voice becomes (Morris, 2000).

The main perspective in medical sociology which departs in major respects from the legacy of the past is called 'postmodernist' theorizing especially that influenced by Foucault. In the depiction of transition to a postmodern society the unifying categories of culture, social roles, self and identity give way to notions of fragmented and disorganized social relations of renewed interest in multiple realities and decentered selves (Burry, 1997). Giddens has pointed out, the contention that we have entered a postmodern era is to presume that social dislocation and fragmentation are particularly new or completely dominate experience (Giddens, 1991). Such thinking also runs the danger of conveying a cavalier attitude towards the enormous achievements that modern society, including modern science has accomplished. There is one last consideration that needs to be borne in mind in thinking about these issues. This is that, for all the changes that are affecting people's lives in modern societies, disease, illness and death still represent a constant reminder of the biological limits of human life.

Discussion

In a medical model, health is defined in terms of its opposite, often through operational definitions concerning time in hospital, days off sick and so on. Outside medical discourse however, health is rarely defined so simply as an absence of illness. The World Health Organization (WHO, 1985) speaks of health as a state of complete physical, mental and social well-being while Wright (1982) suggests an anthropological phenomenology of what it is to function as a human with illness somewhat paradoxically defined as circumstances of a failure to function which continues to be seen as human. Canguilhem (1989) sees health and illness as positive and negative biological values. However, Seager and Wilkinson (1982) identified illnesses as socially constructed definitions of natural circumstances which precipitate death or a failure to function within certain norms. All these definitions have a politics associated with them; all try to persuade us to a particular perspective on the person who is healthy or ill. The writings of Oliver Sacks on the variety of human experiences of health and illness which he has encountered as

a neurologist suggest the problems associated with acting on any of these definitions of health. Just as the body is contested in the different discourses of the medic, the lover and the beautician so health turns out to be a similarly moveable feast. Many patients rejected a definition of their condition as illness, and saw what a doctor might have called health as undesirable. A man with Tourette's syndrome considered his medication as destructive of his personality, while an old lady who heard music from her youth considered silence as a great emotional loss (Sacks, 1985). Similarly, the postmodern theorists Rubinstein (2021) and Deleuze and Guattari (1988) suggest that we need to understand the body not in medical, physical terms, but as a 'philosophical' surface upon which are inscribed a range of knowledge abilities, only one of which is the knowledge ability called biomedicine, which constructs the body as a 'natural' organism whose functioning is called health and dysfunction is called illness. This study examines the value of drawing on ideas from post-structuralism and postmodernism in an attempt to understand the relationship between health, culture and society. Medical and professional discourses have come under increasing criticism for being uncaring, stigmatizing and disempowering. This study supports a postmodernist approach which allows analysis of the fabrication of 'health', 'illness' and 'patient' subjectivity and the effect of the inscription on the body. It is suggested that health care professionals need to be more reflexive about their own knowledge claims and to resist the discursive practices which dis-empower and reduce choice (Mitchell, 1996).

We become ill in ways our parents and grandparents did not, with diseases unheard of and treatments undreamed of by them. Illness has changed in the postmodern era roughly the period since World War II as dramatically as technology, transportation, and the texture of everyday life. Exploring these changes, David B. Morris tells the fascinating story, or stories, of what goes into making the postmodern experience of illness different, perhaps unique. Even as he decries the overuse and misuse of the term "postmodern," Morris shows how brightly ideas of illness, health, and postmodernism illuminate one another in late-twentieth-century culture. Michel Foucault extending conceptualizations of power has had significant influence on the health and illness. He sees power as diffused and embedded in post-modern perspectives. This occurs not only in our relations with medical and other professionals, but also in our relations to our own health and illness, and to our own bodies. 'The medical gaze' extends beyond patient doctor relations to structure how we understand, regulate and experience our bodies and their symptoms (McDaniel, 2011). Modern medicine traditionally separates

disease, an objectively verified disorder from illness a patient's subjective experience. Postmodern medicine can make no such clean distinction; instead, it demands a bio-cultural model, situating illness at the crossroads of biology and culture. Maladies such as chronic fatigue syndrome and post-traumatic stress disorder signal our awareness that there are bio-cultural ways of being sick. The bio-cultural vision of illness not only blurs old boundaries but also offers a new and infinitely promising arena for investigating both biology and culture. In many ways illness and culture in the postmodern age leads us to understand our experience of the world differently (Morris, 2000).

Conclusion

Health and illness is a growing concern in postmodern societies. Individuals need to think of new ways of accessing healthcare provisions and perhaps even explore non-traditional options such as alternative medicine. The uncertainty of life in postmodernist society can lead to growing health problems. Postmodernist believe that people should challenge conventional views on health and illness. As there is so much information on health and ill health, people tend to get confused such as "pregnant women should drink red wine". Postmodernists are concerned with the 'deconstruction' of meanings. In other words, they challenge the claims made by certain theories. To apply this to health and social care profession, they would challenge the claims made by health and social care professionals. Moreover, I have seen the different explanations of health and illness in the postmodern society and each explanation defines health and illness with different perspective.

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