

Ideology of health and disease
(A sociological vision of societal representations of the patient's
identity in Algeria)
إيديولوجية الصحة والمرض
رؤية سوسيولوجية عن تمثيلات المجتمع لهوية المريض بالجزائر

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Abstract :

Sociologists and anthropologists believe that there is a strong relationship between health and disease in the cultural and social context of any society and they indicate that society determines the cultural equation of health and disease in social life through the individual representations of the patient's identity and the resulting negative effects.

The importance of this intervention lies in clarifying the characteristics of social representations of the disease, its reality in our traditional societies and derivatives in the perceptions and inspirations of society for the disease and the emergence resulting from the mental health of the patient, and therefore this intervention aims to address health and disease in Algerian society by measuring the representation of society of the identity and perception of the patient and the extent of its impact on his individual identity.

Keywords: health and illness, representation, patient identity, psychological reflections, social environment.

ملخص:

يرى علماء الاجتماع والأنثروبولوجيا أن هناك علاقة وطيدة بين الصحة والمرض، ضمن النسق الثقافي والاجتماعي لأي مجتمع كان، ويستدلون في ذلك على أن المجتمع يحدد المعادلة الثقافية للصحة والمرض ضمن الحياة الاجتماعية، من خلال تمثيلات الأفراد لهوية المريض والأثار السلبية المنجزة عن ذلك.

إن أهمية هذه المداخلة تكمن في توضيح معالم التمثيلات الاجتماعية للمرض، واقعها في مجتمعاتنا التقليدية والمستخلصة في تصورات وإحياءات المجتمع للمرض وما ينتج عنه من تظهور الصحة النفسية للمريض، وعليه تهدف هذه المداخلة إلى مقارنة الصحة والمرض في المجتمع الجزائري عن طريق قياس تمثيلات المجتمع لهوية المريض ونظرته له ومدى تأثيره على هويته الفردية.

كلمات مفتاحية: الصحة والمرض، التمثيلات، هوية المريض، الإنعكاسات النفسية، البيئة الاجتماعية..

Introduction:

There are two parts in this study is very short on a very vast subject: the first focuses on identifying the sociology while the second focuses on a particular field of sociology

However, we must think, will or not, differently since we must now take into account economic and financial constraints specific to the health, which has become public is the major challenge of our societies; and understanding it will make it possible to make the choices that are imposed. The particular, more macroscopic, look of sociology reinforces this vision conducive to the sustainability of our system and the health it guarantees. Sociology, both through its prism particular that by its method, also offers certain arguments in the perspective of your test integrated (EI). Indeed, without denying certain constraints or psychological forces, the management mobilizes and mobilizes around a group, even a team ... even a unit!

For Auguste Conte, this is explained by the fact that identity itself is objectively linked to many areas of cultural and cultural thinking of the social environment. This is due to the fact that identity itself is objectively related to several areas of cultural and civilized thinking of the social environment. (al-zad, 2006, pp. 24-27)

So, August Conte, he affirms that the disease is a social event, to which a person is exposed due to certain natural and social factors which obliges the individual or the group to resist it and to make it possible or to mitigate it and to have limited it. This is an indication that the disease is an extension of the individual's social environment and that he is affected by it, and society also has a role to play in reducing the severity of the disease by taking social care of the patient and providing psychological and moral support for this.

And with Emil Durkime, as far as the disease is concerned, he believes that it accompanies man in varying proportions and that its severity increases in parallel with the magnitude of the impact on him of his social environment, which means that the social cause is the reason for the increase in the severity of the disease because the pathological psychological state turns into a negative psychosomatic state which increases the severity of the disease. (ABRIC, 1994, p. 73)

The negative effects that can result from the pathological identity of the individual are the result of the conflict of social representations about the disease, as proof that these representations establish a number of obstacles to the positive adaptation of the patient within his social environment, negatively affecting him and hindering his integration with his pathological status within his social environment, which in his psyche constitute forms of marginalization and exclusion arising from the role of society which generates in the patient's psyche several variables characterized by pressure and psychological disorder resulting from the instability of social identity. (Raymond, 1985, p. 17)

In Algeria, for example, we cannot speak of a consensus between the representations of society on this subject because the infrastructure of society testifies to a total absence of collective consciousness.

We note that the latter leads to several different societal representations of the disease by measuring the individual identity of the patient.

This makes it difficult for him to adapt in society to increase the sharpness of the difference in public representations on the issue of health and illness.

Can we talk about the compatibility of the patient's mental health in the light of the anti-identity social representations of the disease How can we consider that the exclusion of the role of society in the integration of the individual identity of the patient for adaptation and sponsorship leads to the emergence of the psychological and health state of the patient. (al-suwaisi, 2016, pp. 08-13)

It becomes clear to us that the traditional perceptions of health and disease are linked to society's representations of the patient's identity, and we can also say that the references of these representations to health and disease issues are different, some of them stem from a mythological thought absent from human thought, and some of them stem from the experience and culture of civilizations.

Therefore, according to these data, it can be considered that the values of the social and ideological system adopt society's representations about health and illness because they reflect a social reality about the status of the patient's identity in society.

The importance of this intervention arises in an attempt to answer certain questions and interrogations, to follow how the patient manages the prejudices about the disease, represented by a group of social representations about health and illness and to examine the extent of fear and the psychological and social consequences of this, in the form of a struggle of the patient's self-identity between the disease as a subjective trigger and society as a critical trigger.

1. Sociology:

This part will therefore focus on defining sociology, that is to say identifying the object of this science as well as the method(s) to achieve this. Many words, terms, concepts and notions will burst in and we will try to make them explicit. There is a cultural objective here. **General** or generalist sociology has, despite its youth, quickly specialized giving rise to as many sociologies as there are fields, considered therefore as areas of research, where society expresses itself. Important authors will also be mentioned and a non-exhaustive bibliography is proposed at the end of the opus. (Dubar Claud, 1991, pp. 11-19)

1.1. Definitions:

We will begin by taking up the definition of Auguste Comte: "sociology is the study scientist of the organization of human societies. "So she presents herself, from the very beginning (1844) as a science. This assertion is interesting on two points: its degree of scientific Ty and its relationship to other sciences.

Social science and social science, sociology focuses on social action, that is to say the study of the action of man on society or of society on man according to the internal trends in all sciences. Summarize in a single sentence sociology as well as its two main paradigms, and therefore a definition is a delicate operation,risky because simplifying.

1.2. A field of study:

Sociology, and this sheds light on the definition of sociology, allows:

Indeed, in each social situation, the behavior of the individual is different; there are multiplicity of roles, as in particular when he evolves in the health system. The sociology is interested in and studies the involvement of the environment. Learning about the social world is exercised through a whole series of so-called socialization experiments.

This field of study is shared between various disciplines, a source of amalgam; these sciences, they, too, human, turn out to be related to sociology. In plain English, sociology is not the only science that studies human behavior; but its approach to phenomena is different. Sociology finds at its origins two great "sciences", well established: the philosophy and history; especially when the latter are interested in social, political, to the cultural. Then it is often confused with anthropology and ethnology. The sociology cannot identify with psychology, even if we sometimes associate them: the psychosociology or sociopsychology. Finally, in her research approach, she uses title of contribution certain disciplines. (BOURDIEU, The Fields of criticism. PHILIPPE CORCUFF, 2004, pp. 92-93)

Let us then define anthropology and ethnology, where the edge is more tenuous; a science is never and cannot claim to be waterproof; especially when their object is the man. The specificity of an approach, a discipline, a profession is not defined that bad in terms of independence but much better in terms of autonomy. (DURKHEIM, 1974, p. 101)

1.3. Sociology and anthropology :

In advance, we notice the common and maintained amalgam between the two materials, whose distinction in form is explained by the (scientific) struggle waged between the Anglo-Saxons and the French. Anthropology is defined as the study of man and of human groups, and can therefore be considered as the rootstock of the sciences human. More precisely, social anthropology or cultural anthropology, the two are synonymous, studies the structures of a group based on beliefs and institutions of this group.

The purpose of the latter is the knowledge of the characters of each ethnic group, people or tribe. Evolution, and the disappearance of the indigene¹⁶, will substitute for the classical notion of ethnology that more extensive of social and cultural anthropology. Anthropology, as for sociology and, ultimately, any scientific discipline, is crossed by courses which often oppose each other but always always complement each other. (Friedberg, 1977, pp. 13-15)

I leave it to your fierce appetite to knowledge some of the great leading authors of anthropology: **Malinowski, Margaret Mead, Radcliffe-Brown and Claude Levi-Strauss.**

An almost exclusively Western science, anthropology encounters problems considerable, post-colonialists. The disappearance of traditional cultures, so-called oral tradition, the very relative disappearance of the ethnic groups themselves due to industrialization and development otherwise risk taking away from anthropology its reason to be, at least to modify its purpose.

So that some consider sociology as a daughter of anthropology but where the error creeps in, it is "to regard primitive man as the forerunner of civilized man" (E. Sapir). This is how, at the moment, the label **anthropologist** is worn by those who are interested in folklore or, to be that's right, survivals. In our eyes, only the label changes, the notebook and the letters, the content and methods are identical.

2. Theoretical approach to the representations of health and disease:

What we are trying to determine in this element: it is that representations are not only a collective association of a group of individuals and can be changing through generations and thousands, but it is a collective phenomenon modifiable to reconstruct representations in the directions and before the groups that make up the single society.

This concept produces a knowledge of common sense and social reflection on the phenomenon of health and disease in society by giving clues and perceptions about this disease and relating it to the individual identity of the patient, which leads to affecting him socially, all the songs in this article variable and can affect the lifestyle of this patient and Can on the one hand, and in the aggravation of the phenomenon of disease and Can on the other hand, because organic disease, according to the philosopher, formed a story according to which the disease is a social event, considered as an extension of environmental stimuli that objectively affect its severity Moscow Muscovites. (BOURDIEU, *The Distinction. Social criticism of judgment*, 1979, pp. 49-51)

The object of psychology is the study of individual determinants of action individual. In return, sociology studies; replacing individual by social or collective. It is Emile Durkheim who poses the divorce by asserting that the social reality cannot be reduced to the simple summation of provisions or individual events. It is absurd to say that man's behavior is sometimes individual, sometimes social; suffice to say that matter alternately obeys the laws from chemistry and to that of atomic physics.

Psychosociology, which was originally called "social psychology", comes to throw the disorder in this apparent distinction by studying the social determinants of the individual behavior. Again, the same debate and the same mistake: it is a question of studying the same object but opting for different perspectives and therefore, different purposes. (M. Augé, 1999, pp. 82-87)

3. Transformations of the identity of the disease: its reality, causes and consequences:

Society adopts ideological slogans on the two variables of health and disease from the point of view of social representations related to the patient's self-identity and measuring his development, which constitutes a real threat to the identity of the disease in society because it is influenced by the social reference to the living environment. (Herzlich, 1990., p. 34)

This is what establishes the emergence of the patient's psychological health and the severity of the disease as a reaction to the lack of self-affirmation within the social order and coexistence within it, or by a feeling of danger due to marginalization and exclusion from social systems within it.

All these effects are produced in the patient's identity in our society as follows :

- Weakening of national belonging and mutual social meaning in reaction to the verdict rendered by the representations of society against this disease, which in several respects concerns the neglect of human, social and even religious values and feelings.
- An attempt to remove the cultural, the ideological and the social from the social environment in which it is lived and to promote the orientation towards modern Western society that ensures the identity of the patient and his rights in the social framework.
- Social representations of health and illness pose a threat to the patient's identity by increasing the severity of the disease, which leads to the emergence and loss of the disease.
- Access to the collision of ideas and trends on the representation of illness and health in our society is associated with the conflict of cultures within the

same society, which generates a feeling of difference in the systems of thought and life, which threaten the identity of the patient and his stability.

- Increase the motivation and desire to use migration as a solution to change the mentality associated with the representation of groups and relate it to the morbidity of the individual because it encourages individuals to seek a better life and to seek to live with dignity in a society that frames the representations of society and the individual on health and disease in modern societies.

Conclusion:

The content of the sociology of health is itself multidimensional since the sociological vision is tinged with paradigms, as we know. By focusing on health or illness, she also points out different, sometimes divergent, often complementary points of view. Sociology is therefore interested in medicine, care, care practices but also the sick, health professionals, care production companies, etc. In all cases, it is a question of analyzing and interpreting the characteristics and the problems specific to the individual society or group society relationship in the particular context of health.

A sociology applied to health is relatively recent; although Durkheim, in his study on suicide, applies himself to deciphering a health problem. The field of health is approached as a specific problem with the development of the various social security systems.

Indeed, these social protection modalities bring health, and all its contingencies, into the public domain. They participate in the "coronation" of this value in our societies.

Otherwise, questions such as illness, especially when it is chronic, deviance and the different therapeutic approaches reveal the social character of health problems, examining health as a social phenomenon. Undoubtedly, this approach goes beyond the scientific field of medicine. Health is a social fact.

In the following years, the advent of another approach to care will strengthen this challenge conducive to the development of a sociology of health. It concerns a particular field of medicine and care: psychiatry. From the outset, mental health raises the question of the relationship between the individual and society. The analysis of the social and cultural factors of mental illness,

representations with regard to insanity and the analysis of the psychiatric institution are widely considered to be the pioneering works in the sociology of health.

So, the representations of health and disease in our society from the point of view of the patient's identity form a set of attitudes, beliefs and attitudes about the patient's identity in society as an identity that is not integrated to characterize the form of the disease as an individual, although it does not constitute a handicap on society and can normally perform all its social functions, which establishes individual differences within society between all individuals from the point of view of the patient's identity because the representations of society reflect a discriminatory and exclusionary formula linked to his state of health and not to his personal identity in his environment.

Therefore, we, as actors in society, should not criticize the disease but we should have the obligation to build a basic structure and involve civil society and activate the role of active associations there, to contain the identity of the patient and integrate it into the social context with the aim of changing perceptions by :

- Formulating a strategy to change the way people think about their representations of health and illness by creating a database on health in the community and establishing community infrastructures that take this into account.
- Sensitizing segments of society to the equal rights of individuals in the production of their roles within society and encouraging civil society to participate in social mobilization and awareness campaigns.
- Spreading the cultural awareness of individuals and providing them with up-to-date knowledge about health and illness that allows them to move on to sadistic ideas about illness in order to refine their representations about it.
- Inviting decision-makers to work to consolidate the importance of equality between the social roles of individuals so that the identity of the patient is not excluded from everyday life and integrated into the social context of society.

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