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The Social Construction of an Illness: When Religion Gets in the Way of Health

Javraj Singh

The illness as such does not exist in the standard crude structure as scientists and doctors consider it. It is something beyond a deviation from the typical bio-physiological or psychological condition of the body. The Social Construction of Illness studies how illness is socially developed by inspecting how social factors shape our comprehension and actions towards health and illness. It investigates the impacts of class, race, sex, language, innovation, culture, the political economy, and institutional and professional structures and standards in forming the information base which creates our suppositions about the pervasiveness, occurrence, treatment, and meaning of the disease (Brown P, 1995). As far as constructing the disease experience, culture and individual character both assume a huge part. For specific individuals, long-term sickness can make their reality more modest, prompting a day-to-day existence characterized by the disease than by whatever else. Their ailment turns into their marker or their central status. For other people, the ailment can be an opportunity for revelation, for reconsidering another self. At the age of 72, my grandfather died of coronary artery disease. From the medical perspective, his disease was a biological condition, universal and unchanging; from the social construction point of view, his illness would be defined as the social meaning of his condition. This article will uncover the sociological pathology and reasons behind his illness and his consistence or resistance to clinical regimes.

From my direct involvement in his illness and considering my mom's point of view, I want to investigate the non-biological elements which assumed critical parts in the social construction of his illness. I have classified this social construction into four stages: social factors, symptomatic representation of the disease, interpretation of symptoms, and decision-making (Senior M, Viveash B, 1998)

The principal stage starts with some of the social processes (for instance, poverty, poor eating routines, etc.) alongside hereditary variables that cause individuals to become sick. In my grandpa's illness, his faith in Sikhism, the metaphors used through Sikhism, beliefs about family structure, and the religious idea around diet were a part of the social construction of his disease. The most apparent factor was religion and his convictions. Religion assumes a definitive part in South Asia, particularly for Sikh individuals. Like the ethnic group of Hmong people, generally, Sikhs do not share the Western faith in logical realism, and to (broadly) fluctuating degrees, their decisions are made in regard to the beliefs they hold about the relationship between bodies, disease, and the heavenly will (Henry RR,1999)

Sikhism essentially believes in Karma and illness as a moral issue. Therefore, the metaphoric basis of understanding sickness in the Sikh Religion would portray a disease as "discipline" or "sentence" for the wrongdoings committed. In this way, treatment incorporates prayers and contributions to God, satisfying him and requesting "bail." The metaphor "bail" signifies asking God for forgiveness and healing. These metaphors connect sickness causes, therapy, and cosmology viewpoints.

Family structure was another social factor in how my grandfather experienced disease. Joint families are extremely predominant in South Asian nations. Kids leaving parent's houses is disapproved of by everybody. My granddad had seven kids, two of whom had died, and three living independently in various urban communities. Perhaps my granddad missed his children and felt alone. He was broken when my grandma passed away in 2004, as she was his most broad help. After her, it was my mom who played the part of a caregiver for him. Strains began to emerge when my folks got separated. The first separation occurred in my family, yet the saddest part was that my granddad lost my mom as his essential source of care (the separation caused my mother to move out of the house), which added to his stress.

Another social factor that made him vulnerable was our financial status. We lived in a provincial territory with few clinical assets, particularly an absence of primary care doctors. Along these lines, individuals are more inclined to disregard symptoms and try not to go to the emergency clinic. What is more, the shortfall of a decent eating regimen was a justification for the rapid progression of his disease. Since most Sikhs are vegetarians, their eating routine incorporates high carbs, high fats, and an insignificant source of protein. This sort of diet is the most exceedingly awful for patients in danger of coronary disease.

In addition to social factors, symptomatic expression of disease influenced his experience of illness. By this I mean, the sorts of indications that may create physical, mental, and social manifestations. At the point when his illness began advancing, his symptoms began showing all the more frequently. His symptoms can be characterized into two types. His physical manifestations included loss of hunger and diminished mobility, albeit this might have come about because of his old age. His psychological wellness was additionally influenced. He showed mental indications like feeling depressed and frequent crying. Seeing his family torn apart, he felt isolated and blamed himself for failing to hold the family together.

The social significance of illness was also apparent in the way the meaning of symptoms is understood and interpreted. Sikhs believe that God punishes our sins from this life and our previous lives and trying to escape the sentence meant that the body would have to take a rebirth on Earth to

complete the sentence. Until it is complete, the body will not achieve "moksha" or freedom from the cycle of life and death. In Sherine Hamdy and Coleman Nye's book, *Lissa*, when Layla's family is given that her dad needs a kidney transplant, they banter over what to do; however, eventually, he rules against the transplant (Hamdy S, Nye C, 2017). Their comprehension of their agency is inseparably connected to their faith in God. They see their lives as outside of their control. Their submission to Allah permits them to acknowledge that what they accept is foreordained. My grandpa, too, believed using materialistic things, artificial medications, as conflicting with the heavenly will. As my mom depicted, she was initially stunned when the whole family did not invest much energy into persuading him to get clinical assistance. They respected his religious beliefs.

Stage four investigates the choices individuals make when their symptoms are interpreted as a sickness. What do individuals choose to do about the 'problem'? In 2015, grandpa had a massive heart attack. He was hospitalized for the first time in his life. Surgery was imperative in his case. When he regained consciousness, I remember he requested that we take him to his Guru. My mom recalls her beseeching him to stay at the hospital, but he did not listen. The following day, our whole family, including me, went to the gurudwara (a Sikh Temple) to meet the Guru. He revealed to us that we ought to be content that my granddad was, at last, going to "Sach Khand," a spot past paradise, where individuals who have achieved Moksha (freedom from the cycle of "birth and death) go.

The Guru claimed that the heart attack was a "warning" ("warning" utilized a metaphor for symptoms of disease in Sikhism) that his life is concluding; he ought to set himself up. Even though my family did not try to persuade him for surgery, my mom's consistent pressure to use biomedicine, that at long last caused him to have the surgery. He opposed initially, saying that he realizes any intervention will not work and that they should not waste money on him and spend it on the children's schooling instead.

Although the surgery was effective, he passed away two months after. The fascinating thing that we found after his death was his journal and letters in his room. He had anticipated the date of his passing and had written in his journal. He had likewise referenced the subtleties, as; there would be nobody around him when he dies. His old letters to his Guru, enlightening him concerning his otherworldly encounters, were hypnotizing to peruse. This is evidence of how critical the social experience of disease is – the journals demonstrate my grandfather's spiritual understanding of his death.

We may consider being ill as a condition of physical or mental health; however, it is critical to consider the social context in which this happens. Illness is a social process and perceiving it as a legitimate social role is certainly not an immediate process but involves a few phases, immersed in social and cultural importance and qualities. Although few parts of health,

sickness, and demise can be considered 'objective, how society deals with illness and demise is a critical component of the social construction of disease (Senior M, Viveash B, 1998). The illness can impact people's physical health, mood, cognition, environment, economic wellbeing, relationships, and recreation. The degree to which an illness affects a person psychosocially depends on individual characteristics, community and family response, and cultural/religious attitude.

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