

# SOCIAL HEALTH AND DISEASE

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## ABSTRACT

A person is generally not aware of his/her personal health and social health, he/she considers them to be an integral part of life. This only happens once the symptoms of a disorder (disease) appear. When citizens exhibit social outrage, politicians often worry about the possibility of losing their power and reach for “medical” measures to eradicate such displeasure, which might even be able to strengthen their power over people’s lives. Social work should focus not only on solving the consequences of social issues, but it should decisively enter the area of social health and determine the direction of the social, family, health, safety and environmental policies of a country, as well as from a global perspective, while developing the society’s well-being.

### Key words

Social health, mental health, disease, social pathology, social work, social policy, health policy, social well-being, social freedom, ethics

## INTRODUCTION

We are generally not aware of being healthy. Health is considered as an integral part of life. This human desire may well be related to the hidden and fleeting beauty of the cycle of life. Development and change do not have to happen in line with the possibilities of a subject (individual) and that objects that they mutually have access to. Due to many reasons, the rules that maintain the individual sub-systems of a subject’s system necessary for its co-existence with the external social and natural world in a reciprocal and synchronised manner are often forgotten.

Health involves the physical, psychological, mental and social well-being of an individual and of individuals living in a social and natural environment. It is the form of an individual’s human existence in which it is able to cope with pathology (disease) and to transform possibly irreversible objective disturbances by using a psychological and mental balance that transforms into the feeling of subjective well-being. The above-mentioned may indicate that

health is a relative functional state of a living system of an individual organism, as well as individuals and social groups living in harmony with both living and non-living elements of nature, and taking part in an uninterrupted cycle of development and adaptation.

J. Křivohlavý (2009, p. 28) states that *“the original meaning of health designates a returning importance of viewing the whole that expresses health and health care from a significantly wider perspective; the biological substance is integrated as an integrated organic whole of ‘indivisible unity’ and it is incorporated in the wider social context.”* An individual’s health in the social environment of a healthy family, healthy municipality, state and healthy environment points out the overall level of social health.

## **1 SOCIAL PATHOLOGY AND HEALTH**

On the other hand, both mental pathology and organic pathology are based on the assumption of an underlying general and abstract pathology that is (primarily) superior to both, and as something given that imposes the same concepts and indicates and postulates the same labels for both. (Foucault, 1997, p. 8). In his works, Foucault points out that viewing this issue results in a simplification when solving the ambiguousness of social inconsistencies as a disease – social pathology. This point of view is borrowed from the medical environment of healing the body, the psyche as an activity of its part (brain) and the soul as its essence. and it inherently leans toward the simplest, fastest way of eliminating or reducing unwanted symptoms, which is reflected in how unwanted social phenomena like medicalisation are viewed, in which the holistic view of a human as a biopsychosocial and spiritual human being is denied. (Foucault, 1997, 2004).

The unity of mental and organic pathology, as well as that of social pathology does not exist in line with Foucault's view (1997, p. 13), because it is an abstract parallel.

Thus, the question arises concerning whether we may also use the simplified medical view in regards to the social world of a person. It seems that the answer is “yes”, if we are interested in fast solutions for pragmatic reasons. However, such measures, often last-minute ones, are of a totalitarian nature and eliminate both the symptoms of the pathology and its causes. Foucault states (1997, p. 17) that viewing certain inconsistencies in social relations within and among social structures through the prism of pathology causes simplified measures to be adopted from *“recent forms of medical analysis; therefore, one can read a single meaning: the more one regards the unity of the human being as a whole, the more the reality of an illness as a specific unity disappears and the more the description of the individual reacting*

*to his situation in a pathological way replaces the analysis of the natural form of the illness.”*

We can openly ask whether political structures and their nominated representatives will be interested in any solutions other than short-term measures, as their delegated term in office is 4-5 years, which naturally they will want to solidify. A more long-term monitoring of social health and its permanent maintenance calls for a deeper understanding of the causal knowledge of the natural processes related to living and non-living nature, which people and human society are a part of. A person is generally not aware of his/her personal health and social healthhe/she considers them to be integral part of life. This only happens once the symptoms of a disorder (disease) appear. In times of social outrage, politicians often worry about the possibility of losing their power and reach for “medical” measures to eradicate disease, which might even be able to strengthen their power over people’s lives. In this regard, a person should be informed about the importance of social health from early childhood and shown the manner of understanding life as having the highest value, through imprinted cultural habits which naturally change over time. The involution process should not be viewed as pathological. What is happening in our society, however, is that an individual culture of beauty, success, wealth and power is presented. Everything else is considered undesirable, and sometimes legal measures are taken in order not to present their essence in an outward manner. E.g. old people’s homes are renamed “senior citizens’ facilities”. The service personnel view residents as business articles; thus, an old person becomes a client just as one would have a customer in a bank, where a debt is returned with interest. We should take a minute to think about this: is it normal (healthy) that people should become debtors at the end of their lives? In practice, the real approach towards children old people represents the social health of a society.

What we call pathology is shown as an unnatural state that we need to eliminate using a similarly violent means – we should fight it. But in reality, it is an unbalanced functionality of existence at the level of the internal physiological body of an individual and his/her individual parts that are subject to qualitative changes. Analogically, it relates to the social arena, where similar relationships between individuals and groups attain regression signs in order to stay functional and to be preserved. All of this is happening in a way that is interconnected to the social system, which when unbalanced launches natural protective or offensive mechanisms to maintain the functionality of its individual elements, as well as for the restoration or creation of new conditions to interconnect its functional elements with the life processes of an organism’s social system (individual, group) in mutual unity and in a functional relationship with the external environment of the world. This is true for both living and non-living

elements of nature.

But what if we are “healing” social pathology (disease), while the issue in question is the transition to a higher quality form of social functioning. With such a pathology, the symptoms must be healed by their removal. With regard to non-living nature, a change in the state of matter may present with a higher temperature, just like what occurs in a live body. The symptomatic healing may mean adjusting that temperature. Climate change forced humans and the whole natural world to transform its position, and in general it created higher-level life forms. Such a view of the human and social groups, as well as the living and non-living natural world, when viewed from a pathological perspective, indicates that solving the functional inconsistencies by “symptomatic healing” – i.e. removal – may have practical importance in a particular situation, but it does not lead to a more long-term existence without stable external inputs for the dependence that has been created. Immunity and the system of self-healing are rendered dysfunctional. A human, as an individual, loses his/her internal autonomy and personal freedom, while the society loses its internal self-healing mechanisms for loss and change to pro-social norms governing the social relationships among individuals and social structures. Social freedom is something that is proclaimed by the public administration, but in reality, it is being replaced by the consumer culture.

If the immune system works in balance with social health, then the substituted methods of social functioning are not fulfilled by the social drug, but as Foucault (1997, p. 26) states *“illness (pathology) lies not only in the void that it hollows out, but also in the positive plenitude of the activities of replacement that fill that void.”* In such a case, the healing power is represented by the human sense of belonging, with values transcending the self to the benefit of one’s fellows and not forgetting others for the benefit of the general society’s well-being.

## **2 DISEASE AS A SOCIAL PRODUCT VS HEALTH**

Disease is a process during which the structure of a progression falls apart. It slowly disintegrates, and to a great extent the newest structural units are affected first. It is only later, once the disease develops into its most serious form, that its most archaic areas become affected. Foucault (1997, p. 28) adds: *“The illness is not, therefore, a deficit that strikes blindly at this or that faculty; there is in the absurdity of the morbid a logic that we must know how to read. It is the same logic as operates in normal evolution. The illness is not in essence contra natura: it is nature itself, but in an inverted process. The natural history of the*

*illness has merely to flow back against the current of the natural history of the healthy organism.”*

Thus, we could consider an adult displaying the regressive behaviour of a small child as pathological, which is not entirely true. It is instead a return to the period of childhood, where the form of functioning at that time was done in relation to the situations at hand and was functional. Even regressive behaviour has its meaning, as it is the protective mechanism of an individual's personality which is alerted to the fulfilment of the individual's basic needs, and which appeals to the social environment to solve the situation that has arisen. It also enables the affected individual to operate in a certain transitory form of social functioning that is based on his/her past experience.

The Freudian view explains regression as a return to a previous developmental form of thinking, in terms of object relationships and behaviour structures. Yet, it also means to turn back, which may be understood logically as well as spatially and in relation to time. (J. Laplanche, J.-B. Pontalis, 1996). Regressive neuroses do not attest the neurotic character of an individual's childhood; they rather reveal the archaic character of that period of childhood. The background of such pathological forms is the intra-social conflict between different forms of parenting and education, into which the society pins its ideal hopes, and on the other hand the living conditions that the society creates for an adult that are on the contrary a mirror to his/her current reality and deprivation. (M. Foucault, 1997).

### **3 SOCIAL AND MENTAL HEALTH**

In our opinion, we cannot consider health to be the opposite of disease (pathology) or its absence. According to Ch. Rycroft (1993, p. 148), health is a “*state of wholeness and integration*”. In other words, the process of health is what is being done for its functioning in the ongoing integration process of an individual in relation to the natural and social environment, while accepting the rules of the natural cycle, which in the human society with its determined social norms, cultural habits on the one hand limit and determine the functioning of an individual in the social and natural environment, and on the other hand an objectification happens through the prism of the internalisation by a subject, which is also a certain way of experiencing mental health.

R.W. Coan (1999, p. 62), with regard to optimising the personality for the development of mental health, assigns the following characteristics to an adaptable, normal and mature

individual:

- absence of major anxiety (unease);
- ability to have good relationships with other people;
- tolerance to the deferral of gratification; and
- control over emotions.

The above-mentioned author recommends that spontaneity should be added to this list, as there is mounting evidence concerning the inappropriateness of excessive self-control. He also places an emphasis on loving one's fellows and having concern for other people, i.e. involving individualistic values such as:

- autonomy,
- managing the environment and
- creativity. (R.W. Coan, 1999).

Similarly, when viewing the health of an individual who is a person playing an active role within social relationships, J. Křivohlavý (2009) reflects this human activity in the general definition of an individual's health:

*"Health is the total (physical, social and mental) state of a human, that allows him/her to attain the optimal quality of life, and it is not an obstacle to a similar effort in others."* (Křivohlavý, 2009, p. 40).

The social health of an individual and of society is a relatively comprehensive state of the health of the biopsychosocial and spiritual body of an individual, as well as individuals, social groups and societies, in line with the natural and social environment. The progressive cycle of life should, as far as possible, be directed by fully accepting the ethical principles of love, which according to R.W. Coan (1999, p. 63) are usually presented in a diluted form, masked by social interests and the ability to succeed in relationships with other people. Older traditions play a primary role in this regard, where their efficiency is a combination of good relationships and internal harmony. According to the above-mentioned author, these are ascribed to an individual who is focussed on success and oriented towards the future, and who is characterised by:

- intellectual competence,
- realism,
- independence,
- emotional control,
- perseverance and
- productivity. (R.W. Coan, 1999).

A person finds the resources for his/her health in the immediate surroundings, as well as in social relationships with family, friends, municipalities, regions and the state, in harmony with the internal environment of his/her body as a unique individual and the society in a narrow (family) and a wider meaning. It is the relationship between the internal environment (the relatively unified biopsychosocial and spiritual space of the body) with the attributes of personal freedom, emotion (love) and value attitudes (norms) to the external environment of social freedom, belonging and the social norms that are aimed at personal and social well-being. (Kozoň, 2010, 2013).

#### **4 SOCIAL HEALTH IN PERSONAL WELL-BEING**

Social health is the expression of a state which leads to the creation of social well-being, and an individual as a human may consciously create a social environment that promotes their personal well-being in the same way as we described in the previous section. In accordance with the description offered by C. D. Ryff and C. L. Keyes (1995), personal well-being has a structure that consists of six basic dimensions (in V. Kebza, 2005, p. 69):

1. ***Self-acceptance*** – a positive attitude to the self, satisfaction with oneself, awareness of different aspects of the self and the acceptance of good and bad qualities, and coming to terms with one's own past.
2. ***Positive relationship with others*** – warm and satisfying relationships with others, an interest in the well-being of others and an ability to empathise.
3. ***Autonomy*** – independence and self-determination, the ability to resist social pressure and maintain one's own opinions and actions, and independence from the evaluations and expectations of others.
4. ***Environmental mastery*** – a sense of competence in terms of managing the environment, awareness of developments in the surrounding environment, and an ability to see opportunities and to use external developments for one's own aims and needs.
5. ***Purpose of life*** – a sense of directedness, with the feeling that there is meaning to one's present and past life, along with working towards reaching one's aims.
6. ***Personal growth*** – a feeling of continual development, openness to new experiences, not allowing for boredom and feelings of stagnation, and an ability to see positive

changes in oneself and one's behaviour.

The family environment should provide its members with personal freedom and a relatively stable way of experiencing positive self-affirmation, where emotion – or “love” – represents an immediate feedback to one's expression of a wished-for reality, which through internalised norms like the demarcation of social support enables free movement to be directed with the knowledge of the things that occur in the space of the primary environment, and later in the wider social environment.

Social integration and the social incorporation of a human in the social structure is a significant determinant of his/her mental well-being and health. Social bonds with other people, groups and the wider society provide individuals with access to social support, which J. Kebza (2005) explains as a social fund which we may utilize if a system of social relationships is needed, where the anticipated social support is defined as the feeling for an individual of being loved, respected and accepted by others, and its benefits are as follows:

- support of one's own efforts to cope with a situation;
- support of the seamless functioning of relationships in the social environment;
- maintaining hope. (J. Kebza, 2005).

Social support is not limitless, as was mentioned above, and its boundaries are limited by the ethical principles of love, which is the highest form of belonging that is felt by living beings. It is governed by strict rules of the conservation of mass, as well as economic laws give – get, where everybody is considered wealthy because of giving, and on the other hand everybody receives something beneficial and enriching with a different significant value. Real love is profit-seeking. In the relationships based on a sense of belonging, there is a natural tendency to strive for concord and harmony. But its highest form i.e. kindness is not directly governed by this. Immediate feedback is not expected, but those who are gifted will return the favour in the future, not to the person who originally delivered the gift but to somebody else. Even in this instance, love is profit-seeking, as it creates space for personal and social well-being in the future, based on the evolutionary principle of reciprocity. It is reflected in the life philosophy of projecting long-term plans. It also stems from the primary environment of the family, which is a resource for future social health. Love is based on the health of the family and its individual members, and is in turn reflected in the development of mental health as the main determinant that forms social health, and in its final wider impact as the health of a society.

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*“Social health includes the ability to create satisfying interpersonal relationships between an individual and other individuals, which is related to the ability of the individual to comfortably adapt to different situations and act appropriately in different environments.”* (J. Koshuta, [http](#)).

According to John Koshuta, the characteristics of a healthy relationship are:

1. Trust – an individual believes in himself/herself and acts in the best interests of their relationships with others.
2. Compassion – the physical and mental well-being of others is considered important.
3. Respect – investments are made in relationships, as the time, effort and funds are recognised and valued.
4. Sense of belonging – the giving and taking in relationships are relatively balanced. (J. Koshuta, [http](#)).

Social health expresses the ability of a social system to create and maintain pro-social relationships between individuals and different social groups, for the overall development of humanity in a dialectic unity with the natural environment, while in order to increase well-being as a whole, these pro-social environments are based on respect, mutual trust and equality.

Social health on the individual level of a human and his/her close surroundings is in a direct relationship with the living conditions which are imminently threatened by the factors stated by J. Habermas (1999, p. 179): *“The insensitivity of the market economy system towards its external costs that are transferred to the social and natural environment keeps accompanying the crisis economic growth with its known internal disproportions and marginalisations, economic lag or even regression, i.e. barbaric living conditions, cultural appropriation and famine in third world countries, and last but not least the worldwide risks of damage done to nature.”* This wider perspective of social health includes even the health of society and the culture of its citizens. This health relates to social issues such as poverty, income inequality, violence, social and health insurance, financially available housing and the like, i.e. the social, health, family, security and environmental policies of individual countries and states.

There are voices demanding the support of social health from a global perspective, as health is considered as possessing the highest value, and thus the level of health is one of the elementary rights of each person without distinction of their race, religion, political belief, economic or social status. It is the obligation of all governments to contribute to the development of the health of their people, and justice in the area of health is the expression of the principal of justice. It is the expression of respect towards life, which is considered to have the highest priority. Good health improves the quality of life, the ability to learn, strengthens families and communities, and increases the productivity of their work. It also increases

mental and material wealth, which significantly contributes to health, social security and integration in a society, and helps decrease the level of poverty.

(See e.g.: The Global Conference on Health Promotion, Helsinki, 2013, in [http://www.who.int/social\\_determinants/en/](http://www.who.int/social_determinants/en/)).

## 5 SOCIAL HEALTH AND SOCIAL WORK

Social health is closely related to every person in terms of his/her personal and social life. A holistic perspective on the human, as well as his/her relationship to the social and natural world, and an understanding of causal links leads to a sensible approach to solving social issues by respecting personal talents, in addition to cultural and native customs. A detailed knowledge enables us to view social discrepancies and deviations not as pathologies (disease), but to point out the genetically encoded self-healing possibilities that the subject has (individuals, family members, families, communities) when often these are only latent. Social health is a relatively open autonomous whole, with internal processes happening between three elementary attributes: *love, morality and freedom* (Kozoň, 2010, 2013). These form the focus of the identity on all levels of social existence: the personality of an individual, a family and a society. The interaction of the above-mentioned attributes balances the focus of the identity. These represent the essence of health. A self-aware identity gives the movement in the social world a certain direction, with intuition in the background (spiritual needs), while avoiding arbitrary actions and the creation of an individualistic way of life at the expense of others. Habermas (2013, p. 23) states that “*citizens who are guaranteed sufficient personal and economic independence can develop and stabilise their personal identity in their individual cultural environment.*”

Love and morality have immense energy and open up a space for freedom and the freedom of movement in time and space, which Habermas (1999, p. 183) describes as follows: “*The feeling of interconnecting one’s own interests with the interests of others may help. Additionally, moral and ethical thinking also focuses on the more extensive and simultaneously the less unpleasant and fragile bonds that connect the fate of every single person with the fate of everybody else – and make even the most indifferent individual a member of the transpersonal world.*” According to the above-mentioned quote, the sense of belonging and the emotionally internalised transpersonal moral values are intuitively focussed on the future succession of events as a common fate. This macro-social perspective reveals

the conditions needed to develop social health, with no space given to the rudiments of an inappropriate regressive development (which are always present) since it is filled with other, more creative solutions.

A healthy and thriving society that creates the conditions for a respectable life for its citizens and is governed by wise politicians is a vision that has been attractive throughout the ages. We are seeking a way to form questions that will lead us to the answers about *how to live well*, and what are the ways, forms and contents of such a life. Forms of governments and power are changing, as people are looking for more or less successful processes that will secure the satisfaction not only of the ruling classes, but also of the general public. The ruling power has repressive, health, rescue, social and other industries ready to solve the social, health, security and natural catastrophes and other issues that threaten the human community, and inherently the ruling powers as well, which naturally receive mutual help from a society's citizens based on their sense of belonging. Social workers were the last members to be officially recognised by academia as a profession that is involved in solving social issues and in creating social relationships, including societal health. They have since joined the ranks of doctors, nurses, policemen, soldiers, paramedics, theologians, teachers, psychologists, sociologists, environmentalists, political scientists, public administration employees and others. All of these participate in the maintenance of social health, but with its practical aspects, social work comes the closest to truly fulfilling the practical definition. According to their definitions, social health and social work have a common final mission, i.e. *increased well-being*.

## **SOCIAL WORK ON THE PATH TO SOCIAL HEALTH**

In relation to the subject of social work, as well as the introductory perspective that views social pathology as disease, in its definition of health the World Health Organisation describes it as a state of comprehensive physical, mental and social well-being, while social well-being is the final activity in the effort to reach this status while also guiding the social direction of the professional focus in social work. If we analyse the general definition of health in its simplified form, physical health is the primary concern of doctors nurses and healers from various fields, while mental health is the concern of psychiatrists, psychotherapists, psychologists, educational therapists, theologians and other professionals, and social health is a subject to be addressed by social workers, social anthropologists, teachers, political scientists and others.

Every member of the human society has the right to enter into the processes of social healing

on all of its levels, in line with the latent possibilities of their personal and social development, and the social system is publicly accessible to all individual members of a society for the development of their social health. Social health objectifies the subjective state of every individual towards a sense of belonging within the society. An individual participates in social development by being a part of the society, by his/her self-development, by increasing one's education and through the possibility to participate in the decision-making processes related to the personal, familial and social development of a social community.

In this sense, Joseph (2022) points out in his studies that a negative perception of self-worth prevents people from being able to control their own lives and develop confidence in their ability to solve personal problems. A negative perception of self-worth prevents people from being able to control their own lives and develop confidence in their ability to solve personal problems. Self-worth and self-determination as part of social health are the focus of social work.

Therefore, social work should focus not only on social aid and social care, as well as social services that often have a hidden commercial focus when solving social issues with various underlying causes, but it should decisively enter the area of social health to determine the direction of the social, family, health, safety and environmental policies of a country, as well as from a global perspective, when creating social well-being for the individuals in a social environment.

## **Literature**

COAN, R. W. 1999. *Optimální osobnost a duševní zdraví*. Praha: Grada, 1999. 236 s. ISBN 80-7169-662-5.

Globálna konferencia o podpore zdravia, Helsinsky, 2013. [2014-05-8] in

[http://www.who.int/social\\_determinants/en/](http://www.who.int/social_determinants/en/)

IFSW, IASSW, IASSW Executive Board. [2014-08-28] in

<http://ifsw.org/policies/indigenous-peoples>

HABERMAS, J. 1999. *Dobiehajúca revolúcia*. Bratislava : Kaligram, 1999. 207 s. ISBN 80-7149-280-9.

HABERMAS, J. 2013. *K ustavení Evropy*. Praha : Filozofia, 2013, 278 s. ISBN 978-80-7007-391-9.

FOUCAULT, M. 2004. *Dozerat' a trestat'. Zrod väzenia*. Bratislava : Kalligram, 2004. 312 s. ISBN 8071496634.

- FOUCAULT, M. 1997. *Psychologie a duševní nemoc*. Praha – Liberec : Dauphin, 1997. 116 s. ISBN 80-86019-30-6.
- KOSHUTA, J. 201. , In <http://education-portal.com/academy/lesson/what-is-social-health-definition-examples.html>
- KEBZA, V. 2005. *Psychosociální determinanty zdraví*. Praha : Academia, 2005. 264 s. ISBN 80-200-1307-5.
- KOZOŇ, A. 2012. *Etika v prirodzenosti osobnosti človeka – otázka slobody v socializácii*. KOZOŇ, A. a kol. 2012. *Etické otázky (ne)slobody*. Trenčín : SpoSoIntE, 2012. 204 s. ISBN 978-80-89533-09-1. s.17-28.
- KOZOŇ, A. 2010. *Patopsychológia psychopatológia postihnutých v socializácii: Teória a prax sociálnej práce*. Trenčín : SpoSoIntE, 2010. 174s. ISBN 978-80-970121-7-5.
- KOZOŇ, A. 2013. *Sociálna práca a jej cesta k človeku: Kam kráča...?*, ss. 21-40. In *Etické otázky socializácie sociálnej práce a príbuzných vedných disciplín*. Trenčín : SpoSoIntE, 2013, 474s. ISBN 978-80-89533-10-7.
- KOZOŇ, A. a kol. 2014. *Sociálne zdravie jedinca a spoločnosti*. Trenčín : SpoSoIntE, 2014. 404 s. ISBN 978-80-89533-12-1.
- KŘIVOHLAVÝ, J. 2009. *Psychologie zdraví*. Praha : Portál, 2009. 280 s. ISBN 978-80-7367-568-4.
- LAPLANCHE, J., PONTALIS, J.-B. 1996. *Psychoanalytický slovník*. Bratislava : Veda, 1996. 552 s. ISBN 80-224-0437-3.
- JOSEPH, R. 2022. *A Cross-Sectional Study of the Relationship between Self-Worth and Self Determination: Implications for Social Work Ethics*. International Journal of Social Work Values and Ethics, 19(3), 108-131. <https://doi.org/10.55521/10-019-308>
- RYCROFT, CH. 1993. *Kritický slovník psychoanalýzy*. Praha: Psychoanalytické nakladatelství 1993. 160 s. ISBN 80-901601-1-5.

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