On Concept of Health
—From Social Constructivism—

健康の概念について
—社会構築学から—

Kaori Kyuragi
久良木　香

要約

過去数十年にわたり　健康の概念について看護の領域で理論的枠組みをなされ、この過程で看護というパラダイムもまた定義されてきている。トーマス・クーンによると看護のパラダイムは人、環境、健康、ケアである。フォーセット、ニューマン、オレム、パースなどの看護の理論家は健康を定義しているが、いまだ明確な概念化はなされていない。この概念化がなされていないために健康という知識の拡大が停滞しているのではないかと考える。そこで、この健康という概念を流動的な視点の社会構築学でとらえてみてはどうであろうかとの提案である。社会構築学の立場の哲学的位置付けによる観点に立ち、複数の社会構築学者を紹介している。

Introduction

During the last few decades, many nurse theorists have attempted to verify and confirm nursing knowledge and various concepts, in order to construct a theoretical model for the nursing domain. In the process, much important terminology has been defined as well. This includes the nursing metaparadigm. According to Thomas Kuhn (1977), metaparadigm is a concept that identifies the phenomena of interest to the discipline, including propositions which state the relationship of those phenomena. In nursing, this is known to be person, environment, health and nursing. However, with so many nurse theorists discussing and defining health, very few articles are found focused on the concept of health itself. Among those, we find one definition of health as a “personal state of well being” by Fawcett (1995). Another by Betty Neuman (1995), sees health as being “wellness”, and defines health/wellness as “the condition in which all parts and subparts are in harmony”. Orem presents health as “an ideal state when living things are structurally and functionally whole” (1985). Parse’s perspective on health is that a human becoming in which health is specified as a “process of becoming as experienced and described by the person” (1992). She further states “becoming is inter subjective transcending with possible in the process of unfolding”. Thus, various nurse theorists defined health from their own

standpoints, but the concept itself was neither fully explained nor developed. It appears that there are few substantive articles in the literature on this topic. This lack of sound conceptualization further impedes the development of our knowledge base.

It appears, as discussed below, the Japanese concept of health exists but there has been a paucity of discussion from a nursing perspective. It is apparent, therefore, that a clear an analysis of Japanese concepts of health would be meaningful to nursing knowledge, practice, and research.

While researching the concept of health, one finds in much of Japanese literatures, that the concept is inspired by, and appears to be formulated from the surrounding culture and society with philosophical assumptions, specific to the Japanese population. It is not individually formulated, but rather integrated through many years of historical background and religious influence. More importantly, it is constructed through the effect of the living culture of the people. In this sense, it is socially constructed and hence, social constructivism would be congruent with this phenomenon. Thus, the tenet of my research is from the perspective of social constructivism.

Chapter 1. On Philosophical position, Social constructivism

According to Dougimas (1998), social constructivism is a "point of view" of constructivism. He states, it is not a set of method, but a kind of compilation of views or perspectives from which we look into the world. On constructivism, Japanese researcher Senda (2001) says that constructionist has three major indicators. These are as follows: first that social constructionism attempts to examine society from "knowledge"; secondly, that the knowledge is constructed continuously by the interaction of the persons who live within the society, and thirdly that knowledge needs to be recognized as inextricably linked with, or united with the social system. Ueno (2004) classified constructivism into three aspects: the first being social problems, the second on narrative, story-telling, and the last on the body, sexuality and identity. Another look at constructivism is by former Dougiamas. He classifies constructivism into five subsets. They are trivial constructivism, radical constructivism, cultural constructivism, social constructivism, and critical constructivism. Since constructivism encompasses such wide philosophical positions, and my paper is not intended to reach into the depth of constructivism, I will only discuss the area of social constructivism.

Social constructivism is a sociological theory placing emphasis on culture and society. Namely, people in society in which people live, participate, interact, and construct his/her knowledge base from perceptions, and experiences. Thus, they take the stance that knowledge is derived from real physical reality.

From the viewpoint of social constructivism, and commonly accepted by modern philosophy,

knowledge may be acquired ontologically and then shifted epistemologically to further its validity. In social constructivism, the evolution of knowledge acquisition has further evolved from cultural context.

According to Senda (2004) social constructivism view that the individual, group who live in the society interact and create the perception, and then the knowledge is analyzed in the process and incorporated into a socially constructed reality. Thus, our knowledge is being constructed, formulated within a cultural context.

Social constructionism is based on specific assumptions according to Kim (2001), the assumptions regarding reality, knowledge and learning are as follows. For social constructionism, reality is constructed through human activity. It is the members of the society who invent the property; reality does not exist until the society invents it. Knowledge is a social product and is constructed socially and culturally. Individuals create meaning through their personal interactions, and within their society where they live. Kim considers, meaningful learning can occur only when individuals are engaged in social activities.

The prominent social constructivists are the Lev Vygotsky, Thomas Luckman, and Peter Berger. Although Vygotsky was short lived and his work on social constructionism focused mainly on education (Riddel), I would like to introduce briefly his work here. There are two reasons for this. First, his theory of social learning expanded further after his death and had great impact on learning. It is said his theory significantly influenced Miller and Bandura (Riddel). Secondly, his theory of Zone Proximal Theory when expanded can be applicable to further understanding the generations of traditional Japanese-the focal point for my intended study.

Zone Proximal Theory explains what the person can learn without assistance but with help of others (Daniels). The person learns more with help of others, this he calls *scaffolding*. Understanding how the person learns and reaches at a certain stage is an important issue for my study. Vygotsky stresses that intellectual development is a function of human communities rather than individuals. This is enhanced by the guidance and/or support of a second person, not all by him/herself. Vygotsky's this model is known as a socio-cultural approach. He considers that human development is a result of surrounding culture. This process, then Vygotsky says internalization occurs. (UCB). *Internalization* is beyond the scope of this paper and will not be discussed. But, simply can say it sits deep inside of the person. I will now discuss two more important figures in social constructivism, Luckman and Berger. In their book, "Social Construction of Reality", Luckman and Berger state *homo sapiens* are indeed *homo socius (Luckman & Berger, p.51)*. And also *"society is a human by-product, society is an objective reality, and man is a social product "(p.51)*. This illustrates the essence of their ideas. Their focus is the social creation of a perceived reality by the individual. According to them, all knowledge is

derived from social interaction, and socially created or constructed reality is an ongoing dynamic process. “Man’s specific humanity and his sociality are inextricably interwined”. Luckmann and Berger also believe the human organism lacks the biological means to be stable. Human conduct; if humans are left alone, tends to create some chaos. But, the reality is that humans are present in some semblance of order. Why is that? It is because, according to them, human existence survives in a context of order, direction, and stability. Then how does it work? Observation demonstrates that there is social order and this social order is a human product, and more importantly, this order, is an ongoing phenomenon of human production. Thus, social order exists only as a product of human activity as Luckmann and Berger state. In essence, the tenet of social constructivism focuses on the relationship between society and individual. Humans, thus, continue to live within the interactions of individuals and society.

As Shotter says, social constructivism can bring “previously unnoticed features” of our relationship between ourselves and surroundings. By doing this, Shotter believes now we can communicate with each other by way of new formed life. These new ways are something we have done up to now as routine.

Chapter 2. Support for social constructivism for my research

In an attempt to analyze the concept of health, I have examined much of the literature. This includes, needless to say, nursing, medical, anthropological and philosophical literature. I came to the final conclusion of adapting social constructivism for my philosophical perspectives. This conclusion is derived from various articles in the literature, in which the Japanese concept of health is formulated, constructed by the surrounding society. Following is the summary of literature reviews on the concept of health.

In 1989, Simmons analyzed the concept of health. This is noteworthy since this is the only article, I found focused on an analysis of the concept of health. In this article, she includes historical reviews of definitions; interpretations of health; evaluation of theoretical orientations; a delineation of critical attributes; the development of case examples, and potential operationalization of health. Other health related articles of non Japanese origin, and those are not the analysis of concept, are done by Braun & Wyle (1988), Elcock (1998), Haron, Eisikovits and Lins (2004), Maccia (1963), Marineau (2005), Resnick, Ory, Codey, and Riebe, (2005). Speros (2005), Svedberg, Jormfeldt and Fridlund (2004), Nolan (2001), Wang , T.J.(2005), Wang, Y.L.(2005), Wang, W. (2005), Yokokawa and Kai (2004) and Whitehead (2004).

In Japanese articles on health there are many related topics on the health in the medical and nursing domains. However, only a handful works are done on the concept of health. It also appears that many of these works explored from anthropological or philosophical aspects. Among them are the following.

Moji et al (2001) intended to clarify the role of nursing, particularly community nursing. In their article, there is no concept on health corresponding as opposed to ill-health. They attempt to define health to include social health but in the end they are unable to define it clearly.

Another article was written by a current Japanese Philosopher, Takeyama (2005). According to his unpublished manuscript, he examined health from a philosophical point of view. He stresses individual rehabilitation. And he considers health as defined weakly as just the lack of illness, but he thinks the definition itself should contain some acknowledgement of inner strength. He addresses the importance of the conceptualization of health in a current society due to societal emphasis on health. Then he examines the concept of health from a normative life, which is based on French philosopher, George Canguilhem, who's tenet is "*normativite biologique*" (biological normativeness). He stresses that when we say normal, it is the society which constructs the norm, not the individual.

The third paper is by sociologist Masumoto (2000), who wrote concept of health from anthropological view. In Japanese society she researched but found only that health is nothing but related to spell, charm and witch doctor in an ancient time. In the old days, health overall was associated with nature; God, and humans. In addition, recuperation of health was done by way of "*Ki*" (life energy) and balance in life. According to Masumoto, Koizumi stated there is a need to view systematically the diversity of health concepts. Masumoto cites Takizawa as referring to culture. Masumoto says, Takizawa considers Health Culture as subjective-creative activity by the ordinary people. Then Masumoto cites Sonoda, introducing the idea that he captured health concepts from health sociology. According to Masumoto, he examined health withrelation to living. He perused the health as Disease Model and Life Model, and attempted to evolve his view from a sociological vantage point. Masumto also gave credit to Ikuta (1996), who examined the concept of Health Promotion and attempted to clarify the definitions of health. An ethicist at medical university, Takeyama (2005) has given in depth deliberation on health. He traced the concept of health to around 1930. He thinks the word health now exists almost constantly in Japanese society thereof, so that it becomes valuable to pursue this concept. He examined the word health in Japanese *Kenkou*, saying this word is relatively newly created. According to him, two Japanese used the word *Kenkoh*, Takano Chyoei and Ogata Kouan, both are prominent Japanese physicians, around 1820-1850. However, the word did not prevail, until very recently in 1900's. In other words, the concept of health has not existed in Japan for long, but was imported from Occidental World around the 1900's.

In summary, from literature review, it is evident that the Japanese notion of health is relatively new. Nevertheless, it is multifaceted, having been slowly and gradually "percolated" over the years. It is also unique aspects reflecting the Japanese culture, religion, and its society. This coincided with the view that it was Ikeda, a medical anthropologist, and his colleagues who

attempted to develop a theory based on a *daily concept* of illness and health from social constructivism (1999). In their analysis, they examine the type of health discourse, health culture, view on human body, and socially constructed theory on the human body (as opposed to the bio-medical body) within the realm of Japanese society. An interesting aspect is that as modern medicine put more weight on people's lives, thus occupying and acquiring more space in the society, bio-medical-human body became the basis of the *social human body*. According to Ikeda, the term *social human body* by French sociologist, Marcel Mauss, indicates a process in which an individual works in the aggregated society by way of her/his body, as its "most natural tool". Ikeda attempted to provide a common basis for social science on the health culture. On the concept of health, Ikeda and his colleagues attempted to analyze various aspects of health. One such examination demonstrates how three types of discourse; *medical professional discourse, media discourse, and layman discourse* influence each other. They proposed three components of theorization in a *daily concept of illness and health* .

Thus far, for knowledge development on the concept of health in nursing terms, the construct of social constructivism appears to fit on the concept. The rational behind is, as Ikeda states, the medical professional can not explain health entirely. Thus, positivistic or empirical approach will not fit since both are based on biomedical perspectives. Neither feminism nor critical theory fit to as their aim is for emancipation from oppression and gaining empowerment. Neither anti-essentialism nor the deconstructionist view of post modernism are relevant, since their assumption on reality and truth are totally contradictory to social constructivism. They believe truth and knowledge are "absolutely and objectively-set". Via the hermeneutic view, it may possible to gain some insight on concept of health because the hermeneutic view allows for reasoning what health may mean to modern day society.

However, deconstructionist view of post modernism or from phenomenology or hermeneutic view, it may possible to gain some insight on concept of health.

Chapter 3. Implications of position for knowledge development

As a research methodology, I have discussed social constructivism up to this point. Social constructivism falls into much broader constructivism, therefore I will discuss wide range constructivism together with social constructivism in this section. As Appleton (1997) states there is a limited recognition of constructivism in spite of its increasing popularity in evaluative health research studies. This is evident by the study done Kim et al (2004). Kim and her colleague studied trends of nursing science inquiry in doctoral dissertations and found only 43 (15%) out of 277 were to be qualitative methodology. They voiced a need to develop a more alternative philosophical perspectives for nursing practice to expand nursing knowledge.

According to Appleton (2002), the methodology of constructivism is as follows (p.646). It will

present as a personal intuitive and experience. The participants within the frame constructivism will be informed and guided, and the vital issue of ethics will assure intrinsic adherence to ethical behavior. Access to information will be attained through discussion, and engagement of all participants in the group in natural setting will take place. The researcher is to be flexible, proactive and responsible to the demands of the inquiry process. Flexible emic [注] focused on strategies such as in depth interviews, focus groups [注], and observation will be used. Inductive analysis, and comparative analysis will be done. In the final steps, familiarity and consideration of the study data will be carried out. There are number of nursing studies done within the framework of social constructivism. Examples are O'Connor (2005), Davis (1994), Cox (1993). Cox clearly states social constructivism can provide a means through which nurse practitioners can quickly engage families in creating a consensus on health issues, and enable her to lead effective and efficient problem solving. Similarly, as for implications for nurses, O'Connor states that there is a need to increase awareness about learning readiness for themselves.

One assumption of social constructivism regards the issue of "reality" which is viewed as humanly constructed, and the "reality" is created by human interactions (Lombardi). The view is that the world is neither completely or correctly structured nor is it, in an inherent order. As described previously, my study is of a health concept, which stems from a socially created viewpoint that would fit within this framework.

However, one must be cautious with this. People have various experiences and there may be no single "correct" view of reality. Hence, the "reality" can have multiple meanings due to various persons' personal experience.

Similarly regarding the assumption of truth, social constructivism oppose the traditional view, and they assert that a set of unified and absolute truths does not exist. Social constructivism denies objective truth, they believe the truth is relative (Archer).

For the population of Japanese in the rapidly changing world, the concept of health may be "relative", and would not accept an absolute notion. Thus, social constructivism framework could fit.

Regarding another assumption of how knowledge is acquired and its objective nature, social constructivism considers that knowledge is not objective. We are not born with a sense of objectivity but rather we understand by learning, analyzing, and inventing by interaction and socializations (Lombardi). Since knowledge is not considered objective but situated in particular context (Archer) for those using the paradigm of social constructivism. Knowledge can be generated from various perspectives and have a variety of results.

Thus, social constructivism is able to certainly develop our nursing knowledge.

Having various methodologies does expand our knowledge base. However, as King (2002)

cautions, as “hybridization” of methodological steps continues to occur, we need to have “greater” consensus so that a single effective critique of framework can be found, otherwise, methodological weakness will become apparent.

Thus far I have discussed the implications for nursing knowledge development and methodology. I would like to discuss its limitations and critique of social constructivism.

Ueno (2004) indicated an interesting view on the limitations of social constructivism. She states, historical truth and fact do not exist. Let’s assume there is a problem. While this problem is only problematic from one aspect, and perhaps it is not from another aspect. That is, my problem may be not your problem. In American society, it is a problem, but in Arab society, it is not a problem - different society, different perspective. Having stated in the social constructivism view, that it is the societal construct that affects the individual viewpoint, we need to clarify where that society positioned. We need to delineate the reality constructed within that particular culture and society, in order to understand the differences. Similarly, as mentioned before, different people have different experience, and their view may vary greatly from another’s. There may be no single view on particular reality. Hence, the social constructivism may have multiple realities caused by multiple persons' personal experience.

Another interesting critique on social constructivism is by Canadian philosopher, Ian Hacking. In his 1999 book, “The Social Construction of What?”, he gives credit to social construction. However, he also says that underlying scientific truths do exist. Thus, he does not completely take constructivist stance either. As for my intended nursing research, I do not require an absolute scientific truth. The issue is what people think and how they react within a certain social structure. Therefore, as long as one keep in mind that there is a scientific, objective truth or that some determined, absolute truth may exist, this social constructivism offers a valid approach to examine how Japanese capture the concept of health. For example, as Hacking says on homosexuality, it did exist long before, as evidenced by Homeric and Athenian, but it is only very recently that homosexuality becomes more open and on the surface.

In summary, other methodologies might have strengths and limitations for nursing research, so does the social constructivism. However, for my research purposes, social constructivism fits and will assist in improving nursing knowledge.

Conclusion

My interest in health encompasses such a broad area. However, I am convinced that without deep insight into "health", nursing knowledge may not be complete. As I stated previously, since health is the basis of nursing practice, it is very important for nursing. In addition currently in Japan, there is increased interest in health promotion for the older generation. Thus, understanding of health will certainly aid further development of nursing knowledge.

As a methodology, I have chosen social constructivism. It is known to be an effective methodology in many disciplines in many countries such as US and Japan, and much research is currently being conducted (Appleton, Ikeda). This methodology is gaining popularity, however, as with any other methodology, it is very important to understand its implications and limitations.

---

p.23　emic[注]　エミック：

主に民俗学、人類学、社会学で使用される言葉。ある現象や物事を観察する際に視点をどこに置くかについて、内在的、主観的、実用的に物事を観ることをさす。人類学におけるフィールドワーク的な研究はこの視点でなされる。すなわち、研究者の視点ではなく、当事者、その中にいる人の抱くものの見方を指す。これに対する反対の言葉はエティック（etic）。エテイックとは外在的、客観的、分析的、学術的、観察可能な表れにのみ視点をもち解釈する。

p.23　focus groups[注]　フォーカスグループ：

定性的研究手法の一種。8 人から 10 人で構成するグループに、調整役が加わり、一つの事柄について議論する。この手法は特定のテーマに対し、多くの情報を得ることができ、とりわけマーケッティングの分野で新製品について意見を求める際に最も有効な手法である。なお、調整役はある程度の訓練が必要であり、参加者の個性に強く影響される場合もあり、議論が偏ることもある。また 8 人−10 人の人数は、母集団を代表する標本数としては少なく、グループは全体的な人口を代表しないため、定量的分析はできない特徴をもつ。

Reference

Appleton, J.V., King, L. (1997). Constructivism: A Naturalistic methodology for nursing inquiry. Adv Nursing Science, 20(2), 13–22.

Appleton, J.V., King, L.(2002). Journeying from the philosophical contemplation of constructivism to the methodological pragmatics of health services research. Journal of Adv. Nursing, 40(6),641–648.

Archer, C. (1999). Research issues in complementary therapies, Complement Therapy Nurs. Midwifely, 5(4),108–114.

Braun, J.V. & Wyle, M.H. (1988).Failure to thrive in older persons, The Gerontologist, 28, 809–812.

Cox, R.P., Davis, L.L.(1993). Social constructivist approaches for brief, episodic, problem focused family encounters. Nurs. Pract. 18(8), 45–49.

Daniels, H.(Ed.)(1996). An Introduction to Vygotsky, London: Routledge

Davis, L.L., Cox, R.P. (1994). Looking through the constructivist lens: the art of Creating nursing work groups. Journal of Prof. Nursing, 10(1), 38–46.

Dougiamas, M. (1998, November). A journey into constructivism. Retrieved February 28, 2006,

from http://dougiamas.com/writing/constructivism.html.

Elcock, K. (1998). Lecturer practitioner: a concept analysis, Journal of Advanced Nursing, 28(5) Nov.1092–1098.

Fawcett, J.(1995). Enhancing function in life transitions and serious illness. Adv. Pract Nurs. Q., Winter;1(3):50–57.

Hacking, I.(1999). The Social Construction of what? Harvard Univ. Press.

Haron, Y., Eisikovits, R. and Lins, S. (2004). Traditional beliefs concerning health and illness among members of the Circassian community in Israel. Journal of Religion and Health, 43(1), 59–72

Ikeda, M.(1999). Constructivism on Health (Japanese). Retrieved February 28, 2006 from http: www.let.kumamoto-u.ac.jp/cs/cu/991118 construc.html

Ikuta, K. (1996). A Study On Health (Japanese), Nippon Kosyu Eisei Zasshi, 43(12), 1005–1008.

King, I.M.(1989). A theory for nursing: System, concepts, process. P5, 76. Albany, NY: Delmar.

Kim, B.(2001). Social Constructivism. [Electronic version] . In M. Orey (Ed.) Emerging perspectives on learning, teaching, and technology. http://www.coe.uga.edu/epltt/Social Constructivism.html.

Koizumi, A.(1986). Theoretical Study on Concept of Health.

Kuhn, T.(1977). The Structure of Scientific Revolutions. Chicago: U. Chicago P.

Luckman, T., & Berger, P.(1966). Social Construction of Reality. New York: Doubleday and Co.

Lombardi, R.(2003). Knowledge and experience of time in primitive mental states. International Journal of Psychoanalysis, 84(6), 1531–1549.

Maccia, E.S. (1963).The ways o Educational theorizing through models, In Maccia E.S.,Maccia G.S., Jewett, R.E.,eds. Construction of Educational theory Models, Washington, D:C: Office of Education U.S. Department of Health, Education, and Welfare, Cooperative Research Project No.1632; 1963:30–45.

Marinneau, M. (2005). Health/Illness transition and telehealth: concept analysis using the evolutionary method. Nursing Forum, 40(3), 98–106.

Masumoto, T.(2000). A study on the Concept of Health, Ritsumeikan Journal 36(1), 123–139.

Moji, K., Takai, K., Haga, Y., Ooishi, K. (2001). Concept of disease and health and role of nursing, Bull. Sch. Allied Med. Sci Nagasaki Univ.14(1), 117–122.

Neuman, B.(1995).The Neuman Systems Model (3rd.ed.) Norwalk, CT: Appleton & Lange. Nolan, M. (2001). Successful ageing: keeping the person in person-centered care, British Journal of Nursing, April 12-25, 10(7), 450–454.

Nolan, M. (2001). Successful ageing: keeping the person in person-centered care, British Journal of Nursing, April 12-25, 10(7), 450–454.

O'Connor,E.J., Fiol, C.M. (2005). Following a proven path to success. Physician Exec.31(3),77–78.

Orem, D.E. (1985). Nursing: Concepts of practice. (3rd ed.). New York: McGraw-Hill.

Parse, RR.(1992). Human becoming: Parse's Theory of Nursing. Nursing Science Quarterly, 5 (1), 35–42.

Resnick, B., Ory, M., Codey, M., Riebe, D. (2005). Older adult's perspectives on Screening prior to Initiating an Exercises Program, Prevention Science, 26, 1–9.

Riddle, E. (1999). Lev Vygotsky's Social Development Theory, retrieved February 27, 2006, from http://chd.gse.gmu.edu/ immersion/knowledgebase/theorists/constructivism/vygotsky.html.

Senda, Y.(2001). Genealogy of Constructivism. In Ueno (Ed), What is Constructivism.

Ueno, T. (Ed.), C. What is Constructivism. Tokyo: Keisou Syobou.

Shotter, J. (1997). The social construction of our inner lives. Retrieved February 27, 2007. from http://www.massey.ac.nz/~alock/ virtual/inner.html.

Simmons, S. J. (1989). Health-Concept Analysis, International Journal of Nursing Studies, 26(2): 155–161, 1989.

Sonoda, K. (1996). Theory on Health and Health Care Sociology, Tokyo University Press.

Speros, C. (2005). Health literacy: concept analysis, Journal of Advanced Nursing, 50(6).633–640