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The Sociological Dimensions of Health Culture in Algerian Society

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Abstract :
This study seeks to address a topic of considerable importance: understanding the sociological dimensions of a society's health culture. Building on this understanding, it then turns to the role of sociological intervention in the health domain — an intervention aimed at fostering health-cultural awareness within the broader social milieu. Medical sociology, as a specialized discipline, is uniquely positioned to undertake this intervention, drawing on its theoretical and interventional tools to engage directly with the field. Accordingly, the study seeks to examine the sociological dimensions that shape the state of health culture in Algerian society — dimensions that constitute the defining framework for the social representations of health, illness, and health education as experienced by the Algerian individual.

Keywords: health culture, sociological intervention, health, illness, medical sociology

Résumé :
Cette étude vise à aborder un sujet d'une importance considérable : la compréhension des dimensions sociologiques de la culture de la santé au sein d'une société. S'appuyant sur cette compréhension, elle s'intéresse ensuite au rôle de l'intervention sociologique dans le domaine de la santé — une intervention visant à favoriser la prise de conscience de la culture de la santé au sein du milieu social au sens large. La sociologie médicale, en tant que discipline spécialisée, occupe une position unique pour mener

à bien cette intervention, en s'appuyant sur ses outils théoriques et interventionnels pour s'engager directement sur le terrain. En conséquence, cette étude vise à examiner les dimensions sociologiques qui façonnent l'état de la culture de la santé dans la société algérienne — dimensions qui constituent le cadre déterminant des représentations sociales de la santé, de la maladie et de l'éducation à la santé telles qu'elles sont vécues par l'individu algérien.

Mots-clés : culture de la santé, intervention sociologique, santé, maladie, sociologie médicale

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Introduction:

Social reality, with its historical dimensions, issues, and challenges, constitutes the primary field of inquiry for the social sciences and their various approaches. It simultaneously shapes their theoretical perspectives, regardless of the differences in how these disciplines conceptualize their subject matter, define their concerns, or interpret their findings. What unites them, nonetheless, is a shared pursuit of truth — a commitment to elevating the quality of research tools, testing and refining theoretical frameworks, and strengthening their capacity for prospective vision. This is achieved through a particular evaluative stance rooted in an intellectually flexible framework, one that defines the nature of awareness toward society's higher goals and reflects a genuine sense of belonging to the movement of history and the march of civilization. Building on this foundation, the objectivity of social research — approached from any perspective that does not conflict with methodological rigor or with the responsibilities that active citizenship imposes — becomes not only possible but essential. It is perhaps this very conviction that has led many scholars of human and social affairs to argue that one of the key measures of a science's success lies in its positive contribution to empowering individuals to confront their problems, realize their aspirations, and build a better world.

Among the most pressing challenges facing contemporary societies are, without doubt, those related to health and health education — challenges that are, in large part, an inevitable consequence of the absence of regular and sustained physical

activity. Against this backdrop, medical sociology emerged alongside the sociology of sport, each contributing meaningfully to a nuanced and objective understanding of such critical issues, including health culture and its influence on both physical and sporting practice and health education alike. In this paper, we seek to examine the sociological dimensions that shape the state of health culture in Algerian society — dimensions that constitute the defining framework for the social representations of health, illness, and health education as experienced by the Algerian individual.

1- Sociology and Health Issues in Society

The concern with questions of health and illness — at both the individual and collective levels — lies at the very heart of social life, and occupies a particularly central place in sociological inquiry. Sociologists have long been preoccupied with identifying the social and cultural factors that influence health and contribute to the spread of disease, seeking to understand how social behavior and prevailing cultural norms shape the health of individuals and communities, as well as how these are in turn affected by lifestyle, social environment, and the physical surroundings in which people live.

Historically, societies approached health through a holistic, community-oriented lens, evaluating it across both its physical and social dimensions within a framework organized around three axes (Najlaa & Atef Khalil, 2006, p. 123):

- The first axis concerns health as a state of being — perceived either as a subjective or an objective phenomenon — with both perspectives extending well beyond the purely physical domain.

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- The second axis encompasses the means by which health is improved and maintained.
- The third axis addresses the value and purpose of health, specifically in terms of how it enables individuals to fulfill their social functions and responsibilities.

The growing interest of the social sciences in health and illness gave rise to a number of sub-disciplines dedicated to this field. Sociology, in particular, was called upon to develop a new and innovative specialization: medical sociology. This emergence was driven by the recognition that health cannot be confined to its biological dimension alone; it necessarily extends into the social, psychological, and cultural realms, mediated through the connections between social reality and the dominant representations of disease, prevention, and treatment. Health, therefore, is not a purely individual matter concerning the patient alone — it transcends the personal to become a social issue that implicates every institution and organization within society.

Scholarly attention to the relationship between social realities and health in modern societies began to take shape at the dawn of the twentieth century, coinciding with the emergence of medical sociology as a distinct branch of the discipline. Yet, as Western sources indicate, "the emergence of medical sociology in both Europe and the United States as a recognized branch of sociology dates specifically to the period immediately following the Second World War" (Gill Derek & Andrew Twaddle, 1978, p. 2). In the United States, private institutions and government agencies played a decisive role in funding research and supporting the expansion of training programs and the growth of the

specialist community. Consequently, serious scholarly output emerged between 1950 and 1960, marked by a notable shift from a fragmented view to a more integrative one — a transition that made it necessary to incorporate social and cultural factors into the physiological and biological interpretation of disease, as envisioned by Talcott Parsons.

Medical sociology occupies a crossroads where multiple disciplines converge. Its analytical framework draws on knowledge produced by sociologists, social psychologists, medical researchers, public health specialists, epidemiologists, and health economists alike. David Mechanic defines medical sociology as "a set of efforts aimed at developing sociological ideas within the contexts of medical systems, and at studying important issues related to disease processes and patient care" (Ali Al-Mekkawy et al., 1998, p. 32). Its subject matter encompasses health and medical problems within society, as well as the social relationships and organizational structures that bear upon the health and medical dimensions of community life. It works toward constructing a new understanding of health and disease phenomena, and toward advancing methods of treatment and healthcare more broadly — all within a rigorous and systematic scientific framework.

Beyond this, medical sociology brings into focus the attitudes and values that societies hold toward both modern, formal medicine and informal, traditional healing practices. It does so by centering cultural elements such as customs, beliefs, popular proverbs, and the rituals associated with illness, recovery, and health. The key fields of study within medical sociology may be summarized as follows (Ali Al-Mekkawy, n.d., p. 49):

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- The social determinants of disease, where the scope of inquiry has expanded to encompass the social and psychological dimensions of the patient's life.
- The physician-patient relationship (the therapeutic encounter), which extends well beyond the act of diagnosis and the prescription of treatment.
- Social class and access to health services.
- The social organization of the hospital.
- The influence of community affiliation and culture on behavior within the therapeutic setting.
- Power, authority, and the implementation of medical directives.
- Communication patterns and the organization of medical practice.
- Entry into the medical profession and the dynamics of professional motivation.
- The distribution of disease and the investigation of its causes.
- The social and cultural responses to health and illness.
- The social and cultural dimensions of healthcare.
- Health culture and public health.
- Social epidemiology and the sociology of healing professions.

Medical sociology thus spans a wide and diverse range of domains, rendering it well-equipped to contribute to the formulation and implementation of health policies across social, educational, and industrial spheres — and even at the level of direct clinical practice, where it supports the rehabilitation of patients as they navigate the new realities

imposed by illness, and assists in adapting them to their changed circumstances and environments.

1. Health and Illness as a Sociological Given

Situating health and its outcomes within the broader framework of health culture has generated significant disciplinary, methodological, and cultural challenges within the field of sociological inquiry. Medical anthropology, medical sociology, and medicine itself have each become closely intertwined with these questions. Indeed, the study of the meaning and management of health — alongside the vast array of treatments sanctioned by medical knowledge and practice — has come to occupy a prominent and central place in contemporary sociological research.

Health and illness, under any circumstances, cannot be adequately understood unless they are embedded within the social context that lends them their social character. This necessarily entails according considerable weight to the social, psychological, and cultural factors that drive the emergence and spread of disease — factors such as social and geographic origin, cultural level, and economic standing. In other words, the position an individual occupies within the social hierarchy confers upon them a particular and unique social status, one that predisposes them to certain illnesses rather than others, and that shapes the level of health awareness as well as the social approaches to diagnosis and treatment. Social conditions such as poverty, unemployment, low educational attainment, malnutrition, social disintegration, family breakdown, and overcrowding all contribute to the onset and spread of disease. For this reason, medical treatment alone carries little significance unless social and psychological factors are afforded the same weight as

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biological, physiological, and chemical ones. Viewing "health as a balance that must be continuously renewed between the organism, its biology, and the social living environment, the biochemical and psychosomatic dimensions are understood as the functional systems most capable of regulating such adaptation; and in turn, the sociological dimensions provide the social frameworks within which the shifting elements drawn from every environment — and particularly from culture — interact and intersect" (Abd Al-Ali Dabla, 2003, p. 10).

It is widely recognized that "health and illness exist within a social context that affords the opportunity to understand and perceive them, a context which is itself divided into two dimensions: the organizational context and the context of meaning. The context of meaning is, in its own right, a social context, insofar as it refers to the process of symbolic communication" (Ali Al-Mekkawy, n.d., p. 399). It is therefore necessary to link the concepts of health and illness to the characteristics of the environment and social structure in which they are embedded. The elements of social structure and cultural components function as independent variables in relation to the dependent variables of health and illness. The organizational context, for its part, reflects closely related social systems — such as kinship networks and educational institutions, and to a lesser degree, neighborhood and friendship structures. The kinship system, for instance, plays a vital role in caring for the sick: offering advice, providing emotional comfort in times of hardship, summoning healers, or arranging for hospital admission. It constitutes a form of active social solidarity that helps ease the burden of illness and suffering. Yet this dynamic is not without its

complications — the patient may come to feel they have become a burden on family and kin, generating a sense of guilt and responsibility for the distress visibly borne by those around them. This is precisely what Émile Durkheim observed in his seminal study on suicide. The context of meaning, by contrast, points to the significance embedded in the orientations and guidance that social life provides, and which we internalize through socialization. This meaning-making process enables us to make sense of the world around us — a point underscored by anthropologists who call for an understanding of the rituals, beliefs, customs, and language associated with health and illness by situating them within their broader social and cultural context.

On the cultural dimension, Ackerknecht noted that every culture possesses its own perspective and conception of health and illness, going so far as to argue that disease and its treatment, though biological processes in nature, are in many of their determining features more dependent on social realities and cultural constructs than on objective biological facts. "In this sense, illness is first and foremost a cultural concept" (Fairouz Soula, 2013–2014, p. 31), one that varies from one society to another and from one culture to the next. This view has been affirmed by numerous scholars, "among them Foster, who argued that health and illness are as much cultural phenomena as they are biological ones" (Fairouz Soula, 2013–2014, p. 32). Culture exerts a profound influence on how populations perceive and interpret the phenomenon of illness; it is culture that determines the patient's own evaluation of their condition and their understanding of what course of action to pursue.

It follows, then, that an individual's response to illness — shaped as it is by a particular cultural logic — may illuminate

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the deeper social and cultural values at work within a given society. Put differently, every ethnic group brings its own distinctive response to the diseases present in its community, revealing the extent of cultural variation within it. This leads to the broader conclusion that "every society defines illness and conceptualizes health in accordance with its own culture, and within the cultural structure and social reality of that society — whether in the realm of folk medicine or in that of modern scientific medicine" (Najlaa & Atef Khalil, n.d., p. 34).

2. Health Culture :

The depth, precision, breadth, and complexity with which human beings perceive and make sense of what happens to them and around them continues to grow — and nowhere is this more evident than in the evolving concept of health. Health is increasingly understood as a state of complete physical, mental, and social well-being, while illness, in one of its dimensions, is conceived as "a biological adaptation — an expression of the body's adjustment to internal pressures and dangerous external conditions" (Ali Al-Mekkawy, n.d., p. 77). Illness, in this sense, refers to the pathological abnormality that we diagnose and identify through the signs and symptoms catalogued in the International Classification of Diseases.

Through the accumulation of social experience with the various diseases that any given society encounters, a set of conceptual frameworks surrounding illness gradually takes shape. Over time, these frameworks become part of a people's broader philosophy of health and disease, binding the notion of illness to the social fabric and the prevailing value system of that society.

Health culture is defined as "the process of translating known health facts into sound behavioral health patterns at both the individual and societal levels, with the aim of changing unhealthy behavioral attitudes and habits, as well as helping individuals acquire experiences and practice sound health behaviors" (Ali Al-Mekkawy, n.d., p. 14). It encompasses a conceptual system linked to illness and health that reflects the modern orientations embedded within the broader cultural whole — covering the general description of disease, its manifestations, symptoms, classification, and causes, as well as the moral judgments associated with illness, how patients are treated, and how patients themselves relate to their condition. For instance, some attribute the causes of illness to divine will and predestination, viewing it as either a trial bestowed by God upon His righteous servants or as divine punishment visited upon the wicked and the unjust. In its social meaning, illness may thus be attributed to supernatural forces — whether divine or demonic — as in the cases of sorcery, spirit possession, the evil eye, or envy.

Despite the considerable progress that health culture has undergone in the modern era, non-scientific explanations remain a powerful and enduring presence within it — an integral rather than peripheral feature of how illness is understood. This is precisely what Robert Merton captures in his theory of relative functionalism through the distinction between the functional and the dysfunctional, both of which coexist and operate simultaneously. As a case in point, despite the remarkable advances of modern medicine in treatment methods, disease detection, diagnosis, and prevention, large numbers of people continue to turn to sorcerers and charlatans in search of healing, or seek out herbal remedy shops and traditional healers. For Merton, this

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is entirely to be expected: folk explanation and scientific explanation are not opposites but companions — they are intertwined and never fully separable from one another.

The transformation and evolution of health culture is itself a product of the sweeping and far-reaching developments that have taken place across virtually every domain of human life, including the health sector itself. As a result, the human understanding of health and illness has become increasingly malleable — shaped and reshaped by scientific knowledge. With the acquisition of reliable scientific understanding of the causes of disease, whether hereditary or acquired, individuals have simultaneously gained comprehensive knowledge of the mechanisms of infection and disease transmission, the means of detection and diagnosis, and the methods of prevention and treatment. This represents the active and constructive role of health culture in preventing disease and health problems, particularly in densely populated areas. Humanity has thus acquired the capacity, in a very real sense, to manufacture health and to attain well-being. Yet, paradoxically, this same expansive and precise scientific knowledge of disease and its causes has transformed the human being from a passive victim of illness into one of its principal agents — responsible, whether knowingly or not, for generating new and dangerous diseases, with entirely new variants emerging seemingly every day, many of which have even been weaponized by military forces.

Health culture appears to know no boundaries; it is in a state of constant expansion and proliferation, driven by the endless diversification and multiplication of diseases — particularly when psychological and social illnesses are added to organic ones, each with its own causes and

treatment approaches, often diverging from and even contradicting one another. This is perhaps what makes it all the more necessary for individuals today to be more comprehensively informed about this reality than ever before — especially regarding preventive aspects, and most notably the practice of physical and sporting activity. The latter, in particular, demands that the individual possess a meaningful health-oriented sporting culture in order to engage in healthy physical activity in the most beneficial way.

At this juncture, it is important to draw attention to the relationship between health culture and levels of health — a relationship that is, in essence, inverse. In the Algerian context, the Algerian individual tends to assign little importance to health culture when in good health. It is only upon falling ill that they begin actively seeking information about the causes and severity of their condition, consulting physicians, pharmacists, nurses, and individuals who have had prior experience with a similar illness, and approaching every available healer. In doing so, they gradually accumulate health knowledge that incrementally constitutes a health culture — one that broadens and deepens with every downward step along the health continuum. This evolving culture, in turn, shapes their subsequent behaviors, attitudes, and orientations toward the concepts of health and illness: the further an individual descends along the health scale, the richer, more expansive, and more influential their health culture becomes in shaping their conduct and perspective. Health levels, while subject to some disagreement among medical specialists regarding their precise delineation, may be identified as follows (Ahmad Muhammad Badah et al., n.d., p. 13):

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- **Ideal health:** the state of complete physical, psychological, and social integration and wholeness.
- **Positive health:** characterized by the presence of positive capacities that enable the individual or community to confront physical, psychological, and social challenges without the manifestation of any disease or discernible symptoms.
- **Average well-being:** a state in which some degree of positive health capacity exists, yet exposure to harmful factors renders the individual or community susceptible to illness.
- **Subclinical illness:** a condition in which the patient presents no overt symptoms or signs, yet the disease can be detected through specialized laboratory and radiological examinations.
- **Terminal-stage illness:** a condition in which the patient's health deteriorates to such a degree that recovery becomes exceedingly difficult.

3. The Sociological Intervention in Health Education within Society

Health education is a domain of public health and one of the key factors shaping health culture within society. It represents the most effective means of improving health standards among individuals and communities, relying on carefully designed scientific and practical approaches grounded in rigorous methodological foundations. Importantly, health education does not influence individual behavior directly; rather, its effects operate through the various bodies, social organizations, and groups to which individuals belong. It also makes extensive use of social

media and diverse mass communication channels, particularly audiovisual ones.

Within the broader social sphere, the process of health education resides in developing the elements and components of health culture associated with that sphere. Its purpose is to disseminate knowledge and information, and thereby construct a cognitive framework among individuals that enables them to accurately and appropriately perceive the health dimensions of public social life — including how to achieve a lifestyle characterized by complete well-being. It equally aims to foster positive attitudes toward the various activities that support the health and safety of individuals and communities, among them different forms of sporting activity, whether recreational or competitive. All of this amounts, in essence, to reinforcing the cultural values connected to health while modifying those that are obstructive or dysfunctional. Health education further extends to values associated with family life organization, work practices, leisure, and the use of free time, among other social practices.

Health education is thus "health advocacy concerned with improving health behavior by helping people understand their own conduct and encouraging them to choose the healthy lifestyle they prefer, without compelling them to change" (Nabila Boukhebza, 1997, p. 14). From a practical and applied standpoint, health education also means "preparing people to maintain their health — introducing positive change into their general behavior to avoid disease, equipping them with new concepts, values, and skills, and directing efforts toward mobilizing motivation and raising health awareness in the service of a struggle aimed at

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preserving the well-being of individuals" (Nabila Boukhebza, 1997, p. 14).

Introducing change into the behavior and culture of groups and communities is never a process that can be achieved through unscientific means, nor — as some might assume — through mere awareness campaigns and sensitization efforts alone. This is precisely why the intervention of scientists, researchers, and applied practitioners — sociologists, social psychologists, and psychologists — becomes indispensable. In this regard, it is worth examining the example of sociological intervention in the domain of behavioral change and health education.

In sociological terms, intervention is simply "a step taken by a sociologist within a given social organization — one that is often acting as a client of sociologists — in order to facilitate certain changes that such an organization requires" (Lapassade & Lourau, 1976, p. 51). More concretely, it is "a rendered service, a sold service; the sociologist is solicited by a client who defines the parameters of the system — a collective, a group, or an institution — and carries out their work within a contractual relationship" (Herreros, 2002, p. 75). The concept of intervention was initially raised by social psychologists within the framework of action research, as defined by Kurt Lewin. At the request of a particular organization or group, the social psychologist establishes a kind of analytical situation drawing on a range of techniques — including survey research, non-directive interviews, and group discussions.

The core of intervention, however, does not lie in these techniques themselves, but rather in communicating to the group, at each stage of the research process, a progressively

clarified analytical picture of its situation. This ongoing communication among group members generates a new dynamic and a powerful momentum capable of transforming the nature of relations within the group. This interventional method is known as the feedback technique, and the practical interventional dimension is understood as the counterpart to theoretical sociology. Indeed, from its very inception, sociology has defined itself through an interventional project: Auguste Comte aspired to found a science of healing for a sick society, which he called "Sociatrie" — yet this project long remained unrealized. Practitioners concerned with social misery sought to improve conditions arising from that state; sociologists offered their services to rulers and administrators; but their work never constituted substantive contributions to the discipline itself. "And so sociologists remained mere theorists or researchers striving for the advancement of knowledge" (Herreros, 2002, p. 192).

Many sociologists and specialists in other fields hold that "the history of organizational intervention was initially bound up with the technical work produced by the Taylorist model, where the concept of intervention was first raised by technical engineers — known as organizers — who applied the principles and foundations of Taylorism in industrial enterprises" (Morin, 1991, pp. 26). The Taylorist model emerged at the beginning of the twentieth century and was widely adopted by numerous institutions and organizations, particularly economic ones, which applied its methods and principles with the aim of increasing workplace productivity. Taylorism, however, as is well known, cannot be regarded as a form of organizational intervention so much as a label for a rational approach to organizing work within institutions and improving workers' conditions. It was therefore necessary to

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await subsequent phases before the need for intervention in the fields of management, administration, and organization became apparent.

It was in the 1950s that the first explicit demand for intervention was recorded on the part of industrial and economic enterprises, driven primarily by the goal of increasing productivity. To this end, "managers and heads of economic and industrial enterprises turned to graduates of business, economics, and engineering schools, who possessed classical management skills and techniques, in order to organize the factory for better production — and the bulk of these interventions focused broadly on everything related to time and motion" (Morin, 1991, pp. 27–28), in what became known as human engineering and work organization. Although these interventions succeeded in achieving some of their objectives, managers soon found themselves confronted with the need to draw on the human sciences, given the nature of the problems they encountered — particularly those concerning the reactions, attitudes, and representations of employees. This prompted managers to enlist technical psychologists with expertise in ergonomics in order to address problems that were affecting work performance and productivity.

It may be said that the first social-psychological intervention was that carried out by Kurt Lewin in 1943, at the request of the American public authorities, with the aim of changing the dietary habits of American housewives and families during the wartime period of food scarcity. The objective of the intervention was to facilitate behavioral change, and the method employed was survey research, followed by the communication of the initial findings to the

relevant parties in the context of group and public association meetings — a process known as feedback. In this way, interventional work can be conducted at the level of public health within society, with a focus on media as the vehicle for reaching individuals and groups, at the request of and with funding from the state.

Max Pagès distinguished three phases of this intervention (Lapassade & Lourau, n.d., p. 196):

- **The awareness phase:** concerned with identifying unknown social obstacles, which are perceived in a fragmented manner because they are not yet interconnected.
- **The diagnostic phase:** in which a complex network of causes affecting the functioning of the group is uncovered.
- **The action phase:** in which new objectives are established, the overall organizational plan is revised, communication bodies or committees are set up, and positions are taken on the new norms regulating employee attitudes **— all through the following techniques:**
    - ✓ **(a)** Survey research, conducted through interviews or questionnaires.
    - ✓ **(b)** Research on communication processes and structures — including studies of differences in the perception of goals and roles within work groups, systemic analysis of communication barriers, and the study of sociometric choices within a given group.
    - ✓ **(c)** Organization of communications: arranging meetings to examine survey findings and seeking to ensure the broadest possible participation of institutional members in the sociological intervention process.

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It may therefore be concluded that sociological intervention constitutes "an attempt to facilitate the transition of a social system toward a new and improved situation relative to its previous state" (Galienne, 1991, p. 61). Whatever the nature of the interventional work, however, it necessarily requires reflection, deliberation, and specific preparations tailored to the intervention process — preparations that vary according to the domain, the parties involved, and the groups that make up the organization, or what is known as the social context. Intervention in the health domain, undertaken by the medical sociologist, aims to achieve a set of objectives falling within the framework of health education — particularly in overcoming the critical phases associated with natural disasters, devastating wars, drought, food shortages, the spread of infectious and communicable diseases, and the rapid transformations in the medical field that have generated widespread mistrust of modern medicine, among other motivations that call for sociological engagement. These objectives may be outlined as follows:

- Improving the physical, mental, psychological, and social health of individuals, families, and communities through attention to nutrition, housing, sport, and recreation.
- Promoting disease and accident prevention by helping individuals understand and accept the practices and habits necessary for maintaining and improving health — including an awareness of what these practices are, why they are undertaken, and how they can be performed.
- Initiating appropriate treatment immediately upon the onset of illness or injury, and persisting with treatment until full recovery, by making the fullest possible use of the health services provided by the state.

- Rationalizing the use of health, medical, pharmaceutical, nutritional, and social services offered by the state — an approach that will ultimately strengthen activities and prevent the economic losses resulting from the misuse or inappropriate deployment of health resources.
- Transforming the concepts that individuals and communities hold regarding their health and illness, and making public health a shared goal.
- Promoting activities that encourage people to enjoy good health and to sustain it — with particular emphasis on physical and sporting activities.

4. The Sociological Dimensions of Health Culture in Algerian Society

The various health cultures — including their sub-cultural variants — call for deep sociological studies that penetrate to their very core. This is so despite the existence of several conceptual barriers, both theoretical and empirical, among them the epistemological concepts relating to all aspects of Algerian society, and particularly those pertaining to its symbolic dimension and the technical dimension associated with methods of treatment and prevention.

The cultural material of any given society — including its therapeutic and preventive practices, whether rooted in oral or technical traditions — is never constructed in a vacuum. It is produced by individuals and groups and directed toward other members of the same culture who consume it. Given that such practices fulfill a particular social function within a specific context, they impose a set of rules and norms whose influence is distinctly felt in sustaining the continuity of that cultural context. This compels us to investigate the dimensions of this health culture — the factors that shape it

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and are bound up with it. The existence of any given health practice necessarily implies the existence of a latent factor underlying it, one that functions as an intrinsic stimulus and becomes a defining attribute of that culture.

Every health practice endowed with technical and oral traditions constitutes a system of meanings, symbols, significations, customs, traditions, and rituals — both religious and secular alike. It is for this reason that any researcher seeking to produce an objective understanding of this subject is compelled to employ a range of methodological, technical, and conceptual tools in order to determine the nature of the health phenomenon and extract its social meanings.

When tracing the cultural act of an individual or group — regardless of the community to which they belong, or the social or ethnic class from which they originate — the health practices in which they engage or to which they adhere appear, from a socio-cultural standpoint, to be linked to a set of sociological factors, including: gender, age, the individual's social standing, ethnicity or race, social class, particular cultural and religious environment, and social presence and density, among others. To these must be added economic factors, geographic belonging, and cultural and educational level. All of these factors, moreover, operate under the influence of social and cultural change, economic and scientific-medical developments, and the pervasive reach of the media.

All of these sociological dimensions, taken together, sometimes converge and sometimes contradict one another, yet they are in constant interaction — and their ultimate, cumulative outcome is the emergence of a health culture with

a character that is distinctly its own. They also give rise to three overarching sociological dimensions: the social, the identity-related, and the ritual. These constitute the true dimensions of any sub-culture within the broader cultural whole of a society, and any discussion of the factors outlined above ultimately leads back to the depth of these three defining attributes.

- **The Social Dimension**

The structural analysis of health culture — understood as having a fundamental function, namely the communication between social actors — can only proceed on the basis of identifying the language, speech, and connotative meanings it contains. Health culture is thus read as a signifying system in the manner established by Roland Barthes. The language of treatment, for instance, is built upon rules of prohibition and danger (harmful to health), upon units of meaningful oppositions (bitter, sweet, and so forth), and upon the rituals of therapeutic use, which constitute a form of therapeutic rhetoric. Health and treatment as speech, on the other hand, encompass all the individual, familial, and spatial variations in modes of prevention, the preparation of therapeutic compounds, and their nature — whether traditional or scientific.

Health activity within society expresses the ways in which people produce the material and symbolic conditions of their lives. It is a multidimensional and multifaceted process of creating the social self, and a process of transforming social reality in accordance with social requirements and demands.

Health and therapeutic practices are embedded in the "sociality" of those practices. The physician, the parallel traditional healer, and the patient himself each aim, through

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their respective therapeutic actions, to meet the needs of the society to which they belong. In order to understand these practices and their social functions, it is necessary to examine them through the lens of how they are deployed within actual social reality — that is, through the social work they perform in social life. Function thus becomes the defining criterion for the type of health or therapeutic practice performed, naturally interwoven with the rituals, ceremonies, and religious and secular occasions that frame it.

To shed light on the "sociality" of health and therapeutic practices in the context of illness within Algerian society, one finds that there exist two distinct forms of medicine in Algeria: a formal medicine of academic character, and a traditional medicine drawn from the community's lived, sensory experience. Traditional healers most often inherit their craft from generation to generation within the same family, with the secret — or the spiritual gift (karama) — passed down through the lineage. It is also common to find that the parallel healer specializes in a particular illness, much as is the case in formal modern medicine, though these tend to be conditions that resist conventional treatment and that official medicine has failed to cure.

Within the folk medicine that pervades Algerian society, there is no single fixed meaning of health and illness; rather, there exists a system of interrelated concepts, all bound to Arab-Islamic culture. This conceptual system is so internally coherent that it has led some formal physicians to subscribe to it and even to refer their patients to informal folk remedies — this despite the gap that exists between popular conceptions of health and illness on the one hand, and scientific or biomedical concepts on the other. There is equally

a difference in the social value accorded to the physician and to the folk healer in the eyes of the culture. Despite the high status of the former, "he is nevertheless merely a means toward healing — 'healing is in God's hands' — and this perhaps explains why so many people turn to parallel medicine" (Suleiman Boumediene, 2003, p. 33). The folk healer, by contrast, is accorded a value that frames their therapeutic capacities as capable of bringing about complete and total recovery. Trust in the parallel healer runs very deep, for the Algerian individual tends to conceive of the true healer as someone who adds — not someone who takes, as the physician does when drawing blood or collecting a urine sample. The parallel healer belongs precisely to this second type: one who genuinely gives.

- **The Identity Dimension**

In order to identify the cultural characteristics of health practices within a given society, it is necessary to first establish the geographic framework in which those practices are situated, and to examine the interactions that arise with that geographic environment and its ecological features. This must equally involve a return to the historical and cultural heritage specific to the communities in question — tracing the methodologies that evolve and transform according to a dynamic process of defining the ethnic and cultural boundaries that emerge from a human group, and uncovering the particularities that its members share in a collective inheritance relating to health and illness. In this configuration, health practice becomes an echo of a set of shared reference points, interactions, and forms of openness among the members of a single group within the same culture.

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Geographic space plays a significant role in shaping distinctive and unique practices. Rural society, for instance, has its own healing traditions that differ in many respects from those found in urban settings — particularly in the representations formed around illness and health. Health practices are among the elements upon which local communities rely to assert their social and identity-based distinctiveness. In rural or desert environments, for example, one finds entire families that specialize in treating a particular type of illness using specific methods that confer upon them a distinctive identity within the local community. They are referred to, for instance, by family name — "the sons of so-and-so" — or by the name of a group in a particular village known for practicing specific healing methods, and so forth. Each healing group employs its own particular approaches and specific remedies for a defined illness — such as treating migraines, curing jaundice, addressing sciatica, cauterization, or bone-setting, among others.

- **The Ritual Dimension**

Shared collective heritage operates to define a set of rituals — understood as a series of procedures performed by certain individuals, conducted primarily for their considerable symbolic value. In social occasions, rituals constitute a collection of repeated behavioral movements agreed upon by the members of a society, taking various forms and shapes that correspond to the purpose driving the social actor or collective to perform them. The ritual, in essence, denotes a body of rules through which the group's practices are organized — regulating its social and symbolic activities

according to ceremonies that are ordered in both time and place.

With regard to the rituals that accompany therapeutic and health practices, these are the regular activities in which people engage and to which they adhere, often without consciously recognizing the order embedded within them. They are expressed through the group's vocal and gestural symbols — as in the rituals performed by the Aissawa brotherhood, such as cutting prickly pear cactus plants, throwing oneself upon them on the ground, and exposing the bare body to their thorns, accompanied throughout by the collective chanting of melodic vocal refrains. Through these acts, complete healing is sought and the symbolic needs of both the group and its individual members are satisfied. These rituals, in all their variety, are bound to specific times and places.

There are, moreover, many situations and events in the life of a community that call for ritual therapeutic practices. The therapeutic act is not a chaotic or meaningless performance; on the contrary, it is a construction characterized by complete integration and harmony between the signifier and the signified — one that can be examined and studied to uncover the hidden structure beneath what appears, on the surface, to be disorder. The structure of the therapeutic act, its components, the manner in which it is organized, and the way in which it is framed within a particular time and place — as determined by the ritual itself — take on a specific meaning for those who practice it, whether healer or patient, individual or collective. And this ritual functions to charge its practitioners symbolically, and with remarkable intensity.

In Algerian society, illness is accorded both religious and magical meanings, all of which lead to the construction of

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specific types of rituals. In every case, the Algerian individual turns to religious interpretation and to the divine will. This is reflected in widely circulating expressions such as: "The doctor treats, but healing is in God's hands," and "The doctor is merely an instrument in God's hands." Since illness is seen as inevitable and health as a transient blessing, recourse to God through prayer, supplication, charitable giving, and the payment of zakat in seeking divine healing becomes a natural and deeply embedded response.

The other layer of meaning is that associated with magical practices. In many cases, the individual is dominated by particular representations that attribute the causes of illness to invisible yet tangible forces — such as spirit possession, sorcery, the evil eye, and envy. These causative agents in turn demand their own rituals, both individual and collective: animal sacrifice offered to the sorcerer or to malevolent spirits, constituting a form of transition rite; and other rituals that are complex and, in some cases, physically intense — as practiced by the Aissawa groups and certain Sufi orders. In this understanding, illness is not purely an internal condition; rather, it is "an external event that has entered without right and must be expelled and driven out — what Devereux calls the defensive use of the scapegoat, whereby the patient is relieved of the sense of guilt arising from the concept of illness as punishment, or illness as a curse that befalls the individual on account of a wrong committed against others or against oneself" (Suleiman Boumediene, 2003, p. 34). Some rituals, furthermore, are an expression of the solidarity of the entire community with the sick person and its offering of comfort. The community tends to view the ill individual as one who bears guilt, and this guilt must be purged — which is why,

when visiting the sick, it is customary to say: "Tahūran inshā'Allah" — meaning, may this be a purification from sins and wrongdoings.

Conclusion

The sociological dimensions of health culture examined in this paper — the social, the identity-related, and the ritual — serve as broad and encompassing frameworks beneath which the subsidiary dimensions discussed earlier are subsumed. Together, they constitute the primary generative source of every health or therapeutic practice endowed with behavioral and oral traditions and social representations. The coherence of the health-therapeutic act with the data, realities, and social phenomena associated with health — medications, diseases, medical examination, laboratory tests, advice, and guidance — means that these are not merely accessories to ritual but rather provide a dynamic and symbolic framework that contributes substantially to defining the identity of that health culture and those health and therapeutic practices in every society.

References

1. Al-Mekkawy, A. (n.d.). Medical sociology: A theoretical introduction. Kutub Arabiyya.
2. Al-Mekkawy, A., et al. (1998). Studies in medical sociology in the Arab world. Kutub Arabiyya.
3. Atef Khalil, N. (2006). In medical sociology: The culture of health and illness. Anglo-Egyptian Library.

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4. Badah, A. M., et al. (n.d.). Health culture. Dar Al-Masira for Publishing, Distribution and Printing.
5. Boukhebza, N. (1997). Health communication in Algeria. Algerian Journal of Communication, (16). Dar Al-Hikma.
6. Boumediene, S. (2003). The social meaning of illness. Journal of Human Sciences, (20). University of Constantine.
7. Dabla, A. A. (2003, April 6–8). The sociology of health through sociology [Conference paper]. Conference on Social Sciences, Health and Their Role in Development, Faculty of Social Sciences, University of Kuwait.
8. Derek, G., & Twaddle, A. (1978). Medical sociology (J. Al-Sayed, Trans.). International Social Science Journal, (32). UNESCO Press.
9. Galienne, G. (1991). Inter-venir. In L'intervention sociologique en entreprise. Travaux sociologiques du L.C.S.I, No. 48, Actes des journées d'études du 30 et 31 mai 1991.
10. Herreros, G. (2002). Pour une sociologie d'intervention. Collection Sociologie clinique, Éditions Érès.
11. Lapassade, G., & Lourau, R. (1976). La sociologie. Collection "Clefs pour", Seghers, 5ème édition.
12. Morin, P. (1991). De la sociologie masquée à la sociologie avouée. In L'intervention sociologique en entreprise. Travaux sociologiques du L.C.S.I, No. 48, Actes des journées d'études du 30 et 31 mai 1991.
13. Soula, F. (2013–2014). Social variables in the perception of illness and its treatment methods: A field study in the city of Biskra [Doctoral dissertation, Department of Social Sciences, University of Biskra].