UNDERSTANDING HEALTH UNDER THE IMPACT OF GLOBALIZATION

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Abstract:The aim of this paper is to study the ways in which health, culture and globalization are interconnected, but also to examine the ways in which globalization has influenced health. Today health may be seen as a commodity in the global marketplace. The local meanings of health that are situated in the local culture and are contextually embedded, gain relevance in their interactions with the global policies in which they are constrained.

Keywords: Health, Communication, Globalization, Culture, Identity.

The globalized world we live in today requires us to be able to communicate overpassing any cultural barriers. In health care this goal of reaching respectful engagement, interaction and mutual communication becomes vital. Today we live in an interconnected global economy: global trade, migration etc. Therefore we would say that the biggest challenge of the 21st century is to seek ways that will require us to learn how to better communicate with one another regardless of where we live, our economic status, and / or our identity. Health is about communicating among each other, as the relationship between the doctor and the patient cannot exist outside the context of communication. The culture-centered approach locates health within the realm of global economic structures which are fundamental to the ways in which health is experienced in various communities / countries / contexts.

One of the key arguments for the study of culture focuses on the role of globalization in the realm of health, making it imperative for scholars to theorize about the varieties of ways in which global processes interpenetrate health communication processes and practices. The interaction between the global structure and the individual at the local level can bee seen through culture. It is culture that makes possible communication, endowing it with meaning. Culture offers the communicative space through which the marginalized experiences of individuals are rendered meaningful and are placed within the broader global politics of health.

The culture-centered approach has in view the fact that both the doctor and the patient are the products of the society they live in, some mental illustrations at one historical point. As individuals belong to a certain culture, we practically cannot live outside this context. This idea is not new, of course, as it goes back to the Marxist critic E. Thompson who wrote about the industrial revolution's impact upon human attitudes, even consciousness. He showed how a shared cultural view, specifically that of what constitutes a fair or just price, influenced crowd behavior and caused such things as food riots and brick burnings of the 19th century. Raymond Williams, in his works, **The Long Revolution** or **Culture and Society** demonstrated that culture is not fixed and finished, but rather a living and changing thing.

Moreover, one of the strong continental influences on present day cultural criticism, Michel Foucault, refused to see power as something exercised by a dominant over a subservient class. He emphasized that power is not just repressive power, a tool of conspiracy by one individual or institution against another. Power, rather, is a whole complex of forces, it is that which produces what happens. Foucault tended not only to build interdisciplinary bridges, but also, in the process, to bring into the study of culture, the "histories" of women, homosexuals and minorities, groups that were seldom studied by those interested in Culture.

Health is deeply connected with the economic questions at the global level (Gershman 35). Exploring the ways in which globalization processes interact with health and global economic policies, we may say that the local, in the present context, exists in a continual relationship with the global. Identities, relationships, and actions at the local level exist in relationship with the global policies. Thus the lives and the experiences of local community members are influenced by the ways in which global policies are constituted and implemented. The global localization of health is exemplified in the ways in which global policies impact local actions. Only by means of a culture-centered approach, we can understand health in the present-day context of globalization. Cultural concepts have to be incorporated in the medical pattern and in the promotion of health, and communication is basically the first challenge that should be taken into consideration when we discuss about diversity and globalization. Therefore another important element in making health care effective in the context of globalization is **intercultural communication**. Intercultural communication refers to face to face interactions among people of diverse cultures. Doctors nowadays, or healthcare professionals by and large, should possess such intercultural communication skills that will facilitate the interaction with the patient in terms of satisfaction and other positive assessments. There have been many attempts to identify the skills needed to be more effective in intercultural communication. The first one refers to **self-awareness** and it has in view the individual's ability to use information about himself / herself in puzzling situations to understand how the others see himself / herself and use that information to cope with difficult situations. The first skill would be the one referring to **self-respect**, self-confidence or due respect for the indiviual's sel, character and conduct. The third skill, **interaction**, has in view how effectively a person communicates with people. **Empathy**, the next skill, refers to the way in which one can view things through another person's eyes or being aware of other people's feelings. **Adaptability** may refer to how fast a person may adjust to unfamiliar environments or to norms other than your own. The ability to deal with situations that demand that someone acts in one way even though his / her feelings tell him / her something else refers to **certainty**. The greater one's capacity to accept contradictory situations, the more he / she is able to deal with them. Being open to new experiences means that the individual has **initiative,** while **acceptance** will be a proven skill of his / her tolerance or willingness to accept things that vary from what you are familiar with. These are all skills that healthcare professionals should possess nowadays, no matter whether they work in their own cultural context or in a different one as in this globalized world doctors have to be always prepared to deal with diversity.

Healthcare professionals have to become multicultural individuals, that is persons who respect cultures and have tolerance for them. The multicultural person is one who respects cultures and has tolerance for differences. The main personal traits that affect intercultural

communication are self-concept, self-disclosure, self-monitoring and self-relaxation. Self-concept refers to the way in which a person views the self. Self-disclosure refers to the willingness of individuals to openly and appropriately reveal information about themselves to their counterparts. Self-monitoring refers to using social comparison information to control and modify your self-presentation and expressive behavior. Social relaxation is the ability to reveal little anxiety in communication. Effective communicators must know themselves well and, through their self-awareness, initiate positive attitudes. Individuals must express a friendly personality to be competent in intercultural communication. Individuals must be competent in verbal and nonverbal behaviors. Intercultural communication skills require message skills, behavioral flexibility, interaction management, and social skills. Message skills refer to the ability to understand and use the language and feedback. Behavioral flexibility is the ability to select an appropriate behavior in diverse contexts. Interaction management means handling the procedural aspects of conversation, such as the ability to initiate a conversation. Interaction management emphasizes a person's other-oriented ability to interaction, such as attentiveness and responsiveness.. Empathy is the ability to think the same thoughts and feel the same emotions as the other person. Identity maintenance is the ability to maintain a counterpart's identity by communicating back an accurate understanding of that person's identity. In other words, a competent communicator must be able to deal with diverse people in different situations. Effective communicators must also be able to adjust to new environments. They must be able to handle the feeling of "culture shock", such as frustration, stress, and alienation in ambiguous situations caused by new environments. However, to be competent in intercultural communication, individuals must understand the social customs and social system of the host culture. Understanding how a people think and behave is essential for effective communication with them.

Culture can be construed as the living framework of individuals and of their collective – a learned / learning, adapting, orienting, thinking, communicating, producing within which every individual and social group operates" (Ford 243). Both communication theorists and practitioners have acknowledged the relevance of culture to health communication in the last two decades (Dutta-Bergman 61). The concept of culture has gained particular importance in the context of discussion of globalization and immigration with health communicators wanting to develop multicultural health programs that address the needs of diverse audiences. Scholars and practitioners have become interested in the concept of culture, so that health communication theories can be developed in multicultural settings and applications can be better developed by practitioners.

At the most rudimentary level, scholars have defined cultures in terms of national boundaries. These cultures are referred to as national cultures. The rapid diffusion of technology, however, calls for more sophisticated understandings of culture that are constituted in technologically mediated communities and are not essentially linked to geographic locations. Cultural identities also commit individuals to relationships with the culture to which they belong. Individuals who drew upon a cultural identity also have a public commitment to the culture. Membership in a culture is attached to a set of implicit and explicit roles and obligations with respect to their culture. For instance, being a member of a certain culture creates a certain set of expectations for cultural members.

Relationships, in their turn, are built upon the identities of individual participants and their perceptions of the identity of the other in the relation dyad. Therefore, in the area of physician – patient relationship, the identities of the patient and the physician are integral in the ways in which the relationship is negotiated, expectations are laid out and communicated, and health outcomes are managed. Furthermore, the constructions of identity and expectations around identity are located within the broader contextual spaces of culture. In other words, cultural contexts, values and meaning systems shape the ways in which identities are developed, and relational expectations are constructed and negotiated. Identity not only influences how health meanings and relationships are negotiated, but also the ways in which cultural participants negotiate their health choices. The ways in which cultural members think of themselves influence the type of preventive behaviors they engage in, the type of treatment options they seek out, and the ways in which they navigate the healthcare system. Therefore we may say that medical systems are culturally situated, and are intrinsically tied in with values, embedded in certain ways of looking at the world.

One of the key elements of the culture-centered approach is the emphasis on marginalized contexts (Dutta-Bergman 61). Marginalized contexts refer to those cultural settings that are typically rendered voiceless and invisible in mainstream discourse and are structurally deprived of material resources. Marginalization refers to being at the periphery of a dominant system (Abraham 15). Therefore, being marginalized, implies a status of being unable to access the dominant healthcare system. Individuals and groups who are marginalized in the healthcare system are unable to secure the healthcare resources and typically have a minimal say in the designing and implementation of healthcare policy. Marginalization occurs both at the individual and community levels. In most instances, individuals experiencing marginalization at the individual level typically reside in communities that are marginalized. Marginalization is embodied in the position of being under, of being silenced, of being without a voice and of being without resources. Communicatively, marginalization refers to the condition of not having a voice in the state of affairs that affect the individual, his / her social group, and his / her community.

There are a number of concepts that are important in the understanding of cultural and social patterns that relate to health by and large. **Social process** refers to patterns of behaviour or interaction that have in view the society's expectations, that is the norms and rules that are followed to get along in a society. **Social status** refers to the recognition the individual gets in the society he / she lives in. **Minority status** is common for customs and values associated those members of the community who are regarded as having limited status, power and / or wealth. **Power** is the ability to get people do things they would not otherwise do, while **wealth** is obviously associated with the idea of financial resources. Every society has a culture, and every cultural group has a system of beliefs and practices that reflect its general worldview but also relates specifically to health and illness (Helman 31). Recognition of care alternatives, development of confidence in cross-cultural communication skills, and the ability to analyze situations in specific terms, require practice. In order to become comfortable with the skills required for effective interaction in situations involving diversity, practice of those skills is of primary importance. Learning to accept and respect differences among people is the key to become an effective communicator in health care. The decision to learn to communicate across cultures, with people whose social characteristics differ significantly

from one's own begins with the will to understand as much as possible across cultural differences.

In conclusion, considering communication the major challenge we should consider when talking about health care involving diversity, we may say that the culture-centered approach to theory and practice suggests that the field of health communication is intrinsically intertwined with the values we bring to the study of health processes and messages. Inherent in these values are the biases and ideological apparatuses of the entire knowledge embedded in the way health communication has been traditionally studied and practiced.

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