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Health in Everyday Life:
A Phenomenological Study of Socio-economic
Status and the Health Experience

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of the requirements for the degree
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ABSTRACT

Differences in health between people on different levels of the socio-economic status (SES) hierarchy have been observed through out history. While there is a vast body of quantitative research on the association of SES and health, there is a paucity of qualitative research that focuses on the meaning of health as it is experienced particularly in relation to SES. The purpose of this study was to explore and uncover the meaning of health as it is experienced in everyday life by persons of differing socio-economic status. Using a phenomenological method, 20 adults, 9 of high SES and 11 of low SES, were interviewed regarding their health perceptions and experience. Data were analyzed using the methodological approach of Giorgi. Identified from significant statements were five health dimensions; the physical, mental, emotional, social, and spiritual. These, in combination, revealed four specific perceptions of the totality of health; a solitary view considering only the physical dimension, a dualistic view taking into account the physical and mental/emotional dimensions independently, a complementary view with the physical and mental/emotional dimensions interactive, and a multiple view integrating all dimensions. Synthesis and integration of these four views led to the essential structure of health for both the low and the high SES participants. The findings revealed that perceptions of health did vary across participants and SES. Although viewpoints of health differed in that each participant's experience of health reflected differing degrees of specificity, centrality, values, education, and other influences, health for the low SES participants was generally emphasized more as a solitary or a dualistic construct compared to the high SES participants who generally emphasized health more as a complementary or a multiple construct. For the more externally oriented low SES participants, health meant a state that enabled ordinary social functioning and performance of the daily role activities expected by society. In contrast, the high SES participants, holding a more personal orientation, health was a process that enabled one to perform activities of daily life with usefulness, enjoyment and satisfaction. These findings should challenge health care professionals to broaden their perspectives of health and further develop their understanding of the SES health inequalities for future health care promotion and interventions. Implications include future research that will identify SES differentials that have consequences for health.

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