

Relational Sociological and Intersectional Research About Pain: The Case of Turkey

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ABSTRACT

Until recent years, there has been an alternative search for pain, which has been studied in accordance with the Specificity Theory and the Bio-medical Model. Among these, the bio-psychosocial model and the relational and intersectionality approaches compatible with it come first. The Primary aim of this study is to apply alternative models to the deficiencies of the bio-medical model and to show their contributions. For this purpose, physical, psychological, cognitive and social factors, which Gate Control Theory accepts as components of pain, were comparatively examined based on the life stories of seven participants, four of whom were women, with an average age of 75 years. In the light of the principles of relational and intersectional approaches that reject essentialism, focus on uncertainties, and try to reveal difference and diversity, the findings are discussed with the relevant current literature. Research findings show that as the participants get older, their physical problems increase and they experience health problems. While some of the participants, who are generally alone after the loss of their spouses, live alone, some of them stay with their children. Since Anatolian traditional culture does not encourage institutional care much, the disadvantages of living with children, such as loss of power in subordinate or weaker social status, as well as the advantages of living with children, carry them to liminal status. It has been observed that the women in the research are more successful in managing their emotions and reframing the pain they have suffered better than the men, with the resignation stemming from the traditional culture as well as the struggles they have fought throughout their long lives. As a result, it has been tried to contribute to science by showing the advantages of the holistic view of alternative models, as well as the deficiencies of the bio-medical model, which is the basis of classical Western medicine, through examples from outside the West.

Keywords: Pain, Bio-psycho-social Model, Relational Sociology, Intersectionality, Gate Control Theory, Turkey.

INTRODUCTION

Sociology of health, as a sub-branch of applied sociology, is constantly renewing itself, and as it is understood from the approaches emerging in medicine and psychology, it both affects and is affected by them reflexively [1, 2, 3, 4]. In this context, intersectionality [5] and stand point

theory [6, 7] as well as relational perspective [8,9] are also applied by sociologists in the field of health.

While the bio-medical model, which also overlaps with classical sociology, and its machine model based on soul-body duality, were rejected, interest in subjects that had never been studied before began to increase. It can be said that body sociology is the foremost among them [10].

Classical sociology's dualist point of view, accepting the separation of soul-body such as society-individual, subject-object delayed body studies. Because, especially by religions, the body is regarded as mundane and temporary and is ignored. In fact, the inner body is seen as superior in terms of mind and spirit by making a distinction between inner and outer body. Even though social change is explained with organismic views that benefit from biology, it does not turn into a very powerful approach in sociology [11].

In fact, Michel Foucault's [12] view of establishing the relationship between economy and body by comparing pre-modern and contemporary societies has been widely adopted. According to him, while monarchs and sovereign power were important in agricultural societies, power based on discipline became important with industrialization. Both individuals and society were put under surveillance for the purpose of disciplining. The bodies of individuals have begun to be disciplined through education and health institutions. It can be said that the importance of body studies in sociology has increased with the view that individuals are disciplined in hospitals, prisons and schools in what Foucault calls biopolitics. In fact, there is bio-politics in the family, in the army, in industrial enterprises such as factories and in the service sector. In fact, with the emergence of health and care issues in current popular culture, the real object of the consumer society has started to be bodies. Foucault's [12] process-based bio-policy design as hierarchical observation, normalizing judgment, and finally examination is still largely maintained today. Although people are constantly encouraged to do checkups, they internalize it and see it as normal and even feel guilty when they do not. In fact, the trilogy of knowledge, technology and control, unfortunately, means controlling people with the information collected through technology. That's why Foucault's saying "knowledge is power" has a great meaning.

The relational sociologist Norbert Elias [13] and his work titled *Civilizing Process* can also be considered a turning point in terms of body sociology. In the process of socialization, rationalization and individualization, people become civilized. However, civilized bodies are problematic and the most important reason for this is rationality replacing emotions. In other words, detachment from emotions and surrender to rationality lead to discomfort by controlling the bodies. For example, eating, drinking, laughing, belching, blowing, making love no longer occur freely, but are bound to the rules of courtesy. As a matter of fact, Elias, who examined the *Rules of Courtesy* books by years, revealed that social change is mostly related to the rules brought to the bodies.

More recently, Brian Turner and his *Regulating Body* [14] are actually inspired by Foucault.¹² According to him, primarily reproduction, medical surveillance, restraint and physical representation are all interventions aimed at regulation of the body. Reproduction provides sexual control, while restraint controls desires and passions. Therefore, it is among the important topics of body sociology. However, recently, there are some important studies that

show that the studies on the body are quite different. These are studies that see the body as a database, archive and source of bio-information. There is a transformation from bio-power to bio-value. For example, the work called Visible Human Project is based on examining and experimenting of the body [15].

THEORETICAL FRAMEWORK

This study was conducted in accordance with the Bio-psycho-social model. The biomedical model has been criticized since the 1970s. These critics include systems theorists such as Bertalanffy (1972), new physicists such as Capra (1983) and Wilber (1982), feminists such as Bordeaux (1987), phenomenological viewers such as Leder (1984), and Soffer (1987) and Watson, who are included in the holistic literature (1987) are more traditional philosophers [16].

The Cartesian philosophy, on which the bio-medical model is based, is actually in harmony with Newtonian physics, reducing the body to mechanistic and organic processes, and most importantly, separating it from the mind. On the other hand, those who oppose this view today accept that the mind and biological processes are interdependent. In fact, those who challenged Cartesian dualism now accept that the individual is not only placed in his social environment, but that the environment affects certain diseases. The most basic example of this is chronic pain. Because the subject of chronic pain or suffering is seen as the most important phenomenon in the test of mind-body duality. The recognition that there are physical and mental diseases that do not fit the biomedical model and the questioning of the scientific and social responsibility of medicine and psychiatry have led to the need for a new model search [17]. The first attempts also came from psychiatrists and one of the first studies corresponding to the need for a holistic approach was the "Bio-psycho-social" (BPS) Model [1, 2]. BPS mainly deals with both disease and illness, and considers the mutual and complex interaction of biological, psychological and social factors. Considering that the main field of study of sociologists is illness rather than disease, this distinction becomes more important. As it is known, while illness is an objective biological event, illness is the subjective experience of the patient [10]. To make an analogy here, nerves transmit a damage in the body to the brain by stimulating it, in other words, when pain stimuli are perceived, the disease is mentioned. On the other hand, the feeling of pain subjectively as a result of this warning is illness. Briefly, as seen in this example, while the damage to the nerves is conceptualized as a disease, the pain suffered in this case is differentiated using a different concept as illness. In particular, the illness is affected by the genetic structure of the person, previous learning experiences, current psychological state and socio-cultural characteristics. The biopsychosocial model has therefore been developed by psychiatrists working specifically on chronic pain.

In particular, Engel [1,2], who worked as a psychiatrist at Rochester University on chronic pain and thought that modern medicine and psychiatry are in crisis, studies the subjects of physical problem, psychological tension, illness behavior and patient role, pain, complaint, suffering behavior. He made very important contributions by developing a holistic model, which was later used by sociologists in the sociology of health and illness [18]. According to Engel [1], the biopsychosocial model includes the interaction of biological, cognitive, bodily, and emotional processes and their relations with the immune system. In addition, genetic features are the most fundamental. In other words, biological factors are not ignored but are associated with psychological factors. In the social dimension, there are activities of daily living, sources of

environmental tension, interpersonal interaction, family environment, social support and isolation, social expectations, cultural factors, health insurance, previous treatment processes and working life. Therefore, the 2000 citations to the work of Engel [1], who is considered the father of North American psycho-somatic medicine since his first article was published in the journal *Science*, can be interpreted as an indication that the traditional biomedical approach is more inadequate today than it was 30 years ago and has begun to be criticized.

According to Yamada [19], Engel's most important contribution is that he showed that confusion or difficulty at any level of the hierarchical biopsychosocial system can be effective at other levels as well. Yamada [19], who cares about the culture, nation state and ecosystem at the top of his model, studies diabetes in the Marshal Islands and shows that biological consequences such as ecological destruction, evacuation of the population, weight gain, metabolic changes and diabetes occur in the island people due to economic dependence. In other words, it has been clearly demonstrated by this study that social and environmental factors are effective in the emergence of the disease.

The theoretical background, which has been observed to be applied in a wide area as intersectionality, which is in harmony with the bio-psycho-social model and relational sociology [20], is also relevant to our study. In fact, although intersectionality studies date back to ancient times, it has gained popularity again thanks to BPS and especially those who are interested in health inequality [21]. The issue of intersectionality arose from movements in the United States in the 1980s to make laws neutral and objective towards race and therefore African and Asian immigrants [22]. Because it is clear that domination is created due to discrimination in the society, especially over gender and race, among the components of the social stratification system. Because each individual's position within this stratification system affects his/her life chances as much as his/her worldview. In fact, the experiences of these oppressed and exploited individuals and groups in time and space differ enormously. As a matter of fact, recently, intersectionality studies in everyday life [23], have been widely used in all of the hierarchy, hegemony and exclusion arising from race, gender, class, sexuality. In particular, the claims that the strongest theoretical contribution to women's studies is intersectionality have become widespread [21, 24, 25]. In addition, in the macro-level analysis of health inequality, the interaction of economy, education, politics and administrative factors is called structural intersectionality.⁵

RESEARCH DESIGN

Problem and Aims

As a result of insufficiencies arising from the execution of many studies in the field of health in accordance with the Bio-medical Model, people cannot be helped in a short time for many illnesses, especially pain. However, pain has psychological and other dimensions as well as physiological. The main problem of this research is that the factors that affect this pain are not sufficiently known and taken into account. In this context, the following questions were tried to be answered within the limits of this article as sub-problems:

- a) What are the alternative models in the investigation of illness such as pain?
- b) How can these models be applied in pain investigation?
- c) Which factors are more effective on whom and at what levels?

Importance and limitations

There are several studies using the Bio-psychosocial Model. Relief of social anxiety and substance abuse [4], the relationship between aging and dementia [26], combating chronic pain [27], osteopathic practices [28], and combating with chronic diseases [29], are the examples and their contributions undeniable. However, the use of both relational and intersectional sociological perspectives in the four-dimensional evaluation of pain as cognitive, socio-cultural, environmental and psychological, beyond being a physical phenomenon is the contribution of this study to the existing literature.

Thus, starting from the bio-psycho-social model [1], which challenges the bio-medical model, which is the basis of Western medicine, the fact that it was made in a different society than the West increases its importance as a cross-cultural study. Finally, instead of the acute pain of young people, it is important that the research deals with the chronic pain of the elderly participants, whom the researchers had the opportunity to closely monitor, in the process, and thus demonstrates the intersection of various factors.

Like any research, this study also has some limitations. Pain, which is the subject of research, directly points to one's own intimate area [26]. Therefore, questioning this concept requires sensitivities. However, the fact that the researchers reported some observations about the participants they knew before, as well as the fact that the participants were old and expressed their experiences more comfortably, played an important role in overcoming this limitation.

Method

In the study, which assumes that social reality is multi-layered, narratives, one of the qualitative research traditions, were used [30]. The data reported in the findings were collected in the style of life history rather than autobiography or biography [31, 32]. Each of the participants whose life histories were taken in the study was accepted as a case. For this reason, the study also has the feature of a case study [30]. The analyzes were then carried out by coding according to the factors in Melzack and Wall's (1965) Door Control Theory [33]. As it is known, thin neurons transmit pain to the brain rapidly, whereas thicker neurons transmit pain later under the influence of cognitive, social or psychological stimuli. Therefore, it should be underlined that it is not satisfied only with the physiological dimension. On the other hand, it should be noted that this approach is based on the assumption that reality is multi-layered, far from being one-dimensional.

In addition, in order to fulfill the requirements of the relational perspective and intersectionality approach, the life stories of seven people, four of whom are women, over 75 years old, formed the universe of the research, with the thought that there are different women and different men, rather than being essentialist. It is not possible to generalize the data obtained by purposive and therotical sampling to a larger population than the participants. In the presentation of the report, it should be noted that the dualism arising from the differentiation between men and women is for analytical duality, as the relational sociologist Margaret Archer [34] emphasized.

RESULTS

The Bio-psychosocial Model not only draws attention to the fact that pain is a complex phenomenon that is affected by biological (illness processes), psychological (thoughts, beliefs,

and emotions) and social (family, work environment, sociocultural environment) factors. It also emphasizes that it is the dynamic process that produces the changes in these mechanisms [35]. In this context, in the article, physiological features representing characteristic disease processes; psychological features representing the changes before and during the disease process; cognitive features representing mental processes such as perception, understanding, comprehension, interpretation; environmental features representing family, profession, and social environment are reported as a total of four tables.

Table 1. Physical characteristics of the cases

Case 1	She is an energetic woman who loves to do sports, pays attention to her diet, and always maintains her form. She has a genetic condition that manifests itself with involuntary movements other than mild stomach and intestinal disorders. She has been treated by neurologist for many years. Since she lost her swallowing reflex, she is trying to hold on to life only with the enteral feeding system. She did not have children because she knew about her illness.
Case 2	He devastated his body by overexerting it. He thinks that his knees were worn out because he carried heavy weights in his youth. He had surgery on his knees in his old age, but he could not regain his old health and was condemned to walk with a walker. He has had high blood pressure since he was young. He also takes some sedative pills.
Case 3	Since she had been working hard since her early youth, her body was physically very tired. There are advanced rheumatic swellings and arteriosclerosis, especially in the legs. However, the main victimization of her was that she fell as a result of high blood pressure and suffered a stroke. She is currently unable to walk and her physical therapy is still ongoing.
Case 4	He suffered from deep depression in his middle age with a diagnosis of bipolar. Later, he was diagnosed with atypical HSP. He started to be fed with pureed foods because of the risk of choking on the dishes by going into the trachea. He started to drink his waters with the addition of thickener. He has lost a lot of weight in his last years. He had a severe infection, increased CRT, but could not receive regular treatment under pandemic conditions.
Case 5	Generally, she is a healthy woman who is active and committed to life. She constantly diets in order not to gain too much weight, she pays attention to what she eats and drinks. However, she was given ready-made supplements because she could not be fed well in her last years. Although she was healthy, they did not have children because her husband was older and sick.
Case 6	Throughout his life, he felt the effects of his asthma, which was inherited from his family. Especially in winter, coughing attacks are more common. He has a weak and powerless body. However, he tries to maintain his routine and not to care much about diseases, even during periods of intensification of his illness. As he got older, he developed dementia.
Case 7	When viewed from the outside, the woman who has a strong and durable body is also very hardworking. However, she has a body that is prone to weight gain. In recent years, she has faced problems such as high blood pressure, diabetes and fatty liver. Although she is active during the day, these problems cause heart palpitations and difficulty in breathing, which are felt intensely from time to time in her daily life.

Table 2. Psychological characteristics of the cases

Case 1	Despite being a high-level bureaucrat, she has an extremely humble personality. Her speech, sitting, standing and dressing are highly dependent on the rules. Although she comes from the upper income group, she is very frugal. She never wears expensive brands, she wears skirts and jackets that she has tailor-made according to her taste. She is a conservative woman who goes to work with socks and closed shoes even on summer days. She does not like and does not do housework. She tries to do her job in the best way possible. She has an identity that knows how to enjoy life.
Case 2	He is a very thoughtful and extrovert personality. He is everyone's father. He is very kind hearted and helpful. He comes from a large and educated family. He has always supported his sister and brother, their children. However, he has been very angry with them in recent years. He regrets the sacrifices he has made in the past. He always says that he will commit suicide. In fact, he is seriously depressed, but does not accept it. In recent years, he does not want to go out of his house and does not accept guests.
Case 3	The fact that she lost her wife was also a process that pushed her into loneliness. Another issue affecting her psychology is that she lives with her son and daughter-in-law. On the one hand, this situation is positive in terms of not being alone and having someone who takes care of him. However, she feels powerless from time to time due to the need for their care. Despite everything, the general psychology of the woman is happy, she has a funny personality that spreads joy around her and makes her visitors laugh.
Case 4	He is known as benevolent and good-hearted. He is very well-intentioned and sincere. He is constantly in search. He traveled constantly in order to promote his duty, and tried to establish new businesses by gaining new skills at a late age in order to improve himself. On the one hand, while achieving significant success in his profession, he was sometimes deceived by those who took advantage of his naivety. He experienced the first significant psychological destruction immediately after these material and moral losses. He spends his last days at home in agony, despite the great care of his wife.
Case 5	She is a benevolent person who worked in health-related social associations in her youth. Generally very meticulous and well-groomed. She loves to chat. She exhibits her handicrafts at home. Seeing the children of her brothers and sisters as her children, she gave them all her love. She says that she does not get bored of sitting alone after her husband's death, and she does her shopping when she needs it. When she was old and unable to walk, she moved in with them. She never complained or said that she was sick or tired. She even made jokes on the days when she could stand up slowly with a cane.
Case 6	He is a cheerful, playful, funny person who makes interesting jokes, hangs out with people. In addition, he has a reckless nature that does not like to take serious responsibilities in his daily life. He married his wife in love. The death of his wife before him was very difficult for him. It was almost as if he could not bear this pain and life became a burden to him. He became more and more introverted and isolated from loneliness.
Case 7	The fact that her husband was bedridden at home for a long time as a result of his stroke and then passed away, in a way, dragged her into loneliness. However, living at home with her son and family, her grandchildren made her happy again. It is good for her to take care of plants at home and chat with her neighbors. She has good intentions, good relations with her environment, appreciated, extremely honest, empathetic, helpful and patient.

Table 3. Cognitive characteristics of the cases

Case 1	She is a highly intellectual woman and speaks more than one foreign language. Since she has higher education, she follows all domestic and foreign sources. She is an extremely knowledgeable and skilled person. She sometimes surprises people by easily establishing cause-effect relationships between events. She is known for making very clever jokes.
Case 2	Based on both his life experience and readings, he knows very well the source of his health, illness and troubles. While analyzing which symptom is the sign of what, he also knows the health and diseases of those around him, including his wife. He is aware of the fact that he is preparing the end when he has not eaten lately, is very weak, and does not get out of bed.
Case 3	Although she has a serious health problem, there is no problem in her cognitive perception and speech, and she is also conscious of her illness. But she seems to have learned to live with her paralysis. She follows television programs well and makes comments on current news and programs. She knows general details about the lives of people from her close circle. Interestingly, she even shows that she is aware of the education and job situations of the people around her with her speeches.
Case 4	As a higher-educated bureaucrat, he is knowledgeable about everything. He constantly improved himself by reading in many different fields, made researches and published scientific articles. He is also known for watching the whole world very well on the media and internet. He is particularly interested in youth and their habits and depressions.
Case 5	She is a conscious woman who follows the events happening all over the world from newspapers and TV because her high school education was of higher quality in the past. The fact that her husband stayed abroad for a while due to his duty also led her to gain some artistic knowledge and skills. She also had a pretty good understanding of money, savings, and accounting.
Case 6	In his healthy days he is extremely interesting and intelligent. After he got Alzheimer's, he talked over and over again to his visitors, mostly about his memories of his youth. He has become unable to recognize his immediate surroundings over time.
Case 7	Her cognitive abilities such as perception, comprehension and interpretation are quite good. Her view of people is always based on benevolence and not harming others. She doesn't particularly like to talk about people's private lives. Other people's lives are not her business. Because she does not wonder and does not question them. In her spare time, she deals with sewing, which she knows and loves since her youth.

Table 4. Social and environmental characteristics of the cases

Case 1	She has many local and foreign friends since she spent many years abroad in her youth. She is also the popular woman of meetings because she can speak many languages. As well as being one of the best in her profession, she has a very respected status in the society due to both her parents and her wife. Although she doesn't like to talk much, she is a very good listener. Her humble personality can sometimes come across as snobbish. Hosting guests outside the home and giving invitations are among her hobbies. She does not rebel even when she is confined to bed, she always smiles at those who come, and accompanies the music with some shouts from time to time.
Case 2	Paradoxically, his environment, social factors, family, marriage are perfect when viewed from the outside. He constantly invites his family and friends. He likes to bring people together and is very generous. He has given scholarships to many students. He celebrates all his relatives' birthdays with gifts, calls them on important days, and does not spare his friendship. However, after the death of his wife, there was no desire to socialize. He started not accepting and rejecting those who wanted to come. But he actually wants to be visited. His assistants say that he is very upset that he is not taken care of.
Case 3	She lives in the same house with her son and daughter-in-law. Her grandchildren are married and live in different places. Her grandchildren also had children, and this situation, that is, witnessing her grandchildren's children, makes her happy. She especially loves her grandchildren and their children. She is a loved one around her and a frequent visitor due to her illness. She is also very happy to receive visitors. She tells the guests in a funny way that they can stay with her a little longer. She is at peace with herself and with life.
Case 4	Until the last five years, he has always been surrounded by people of all ages and statuses. He has an extremely charismatic personality. Unfortunately, the days that he influenced people around him with his beautiful and smooth speech did not last long, but were interrupted twice. In his last illness, he was withdrawn and did not want to come into contact with anyone. He could not go on his long-term mission trips, which he loved so much, that he went away from his wife and children because he fell ill. Moreover, it was very difficult for him to stay at home by getting infected and not being able to socialize.
Case 5	Working as a housewife in a non-governmental organization for many years has led to her social capital being quite rich. She knew both the members of the association and the ones they helped by name and worked very systematically. In addition, having a large family circle increased her sociability. She is already a very talkative and extroverted personality. The subject also gets along quite well with her neighbors. She has not escaped from responsibilities such as apartment management. In fact, she has a high persuasion ability. She also knows how to get what she wants.
Case 6	As a social person, he has good relations with his environment. He is seen as a playful, funny, always cheerful person. He especially likes to be with young people. However, it happens that sometimes young people get away from him, even if he doesn't want to. He is a nature friendly animal lover. When he sees that there are problems with animals, he immediately gives them food and water, helps them.
Case 7	Thanks to her advanced hand skills, she has an extrovert personality as a tailor woman. She started sewing very well at an early age, mastered it and became a sought-after person around her. She is a person who is loved and appreciated by her social circle because she communicates well, sincerely and honestly with people. In addition, her son and family, who are her closest social circle, are a source of social power for her.

DISCUSSION

Some studies in the literature [36] have shown that psychosocial factors affect the biological mechanism, for example, the immune system is affected as a result of psychological tensions and disease occurs. For example, according to Yamada [37], the people of Marshal Island were subjected to colonial rule in the past, not only being eroded in their traditional culture, but also exposed to violence as a result of the nuclear tests carried out on the island. Therefore, although it was thought that diabetes, which emerged in the island population, was affected by chronic psychological stress, it was later accepted that not only psychological but also large-scale historical, environmental and social material conditions were the determining factors in the emergence of the disease.

All the arguments put forward above are closely related to the classical System Theory in sociology, as well as relational sociology. System Theory, on the other hand, has an extremely wide area of use both in terms of structural functionalism [38] and dialectic. Because changes in one part of the system have the capacity to have effects on other parts.

While the unity of the dialectic and the laws of change reveal such mutual relations, it gains sociological importance by providing a logical basis for the macro social system approach. At the macro level, societies are composed of institutional sub-systems that undertake the functions of "Adaptation, Goal Attainment, Integration and Latent pattern maintenance" summarized as AGIL, economically, socially and culturally [38], while at the micro level individuals are exposed to the mutual interaction of biological, psychological and social factors. Biologically, the state of illness can cause psychological uneasiness or social confusion to cause discomfort to the person, as well as psychological and social factors can affect the biological organism and cause the person to get sick. Therefore, it is necessary to examine the interaction processes of the factors that cause illness as well as the disease, especially in chronic conditions. On the other hand, this change in understanding played a major role in the recognition of health as a state of physical, mental and social well-being by the World Health Organization [39]. As a result, the Bio-psychosocial Model, as the product of such an effort in the sociology of health and disease, challenges the reductionist biomedical model and is widely accepted.

In this context, since all of the cases reported in the article suffer from different health problems, the degree of their exposure also varies. While addressing the health problems of individuals in the study, the intersectionality of their different physical, psychological, cognitive and environmental conditions was also taken into consideration. Because intersectionality draws attention to the simultaneous interaction of social identities such as ethnicity, gender, class, age, abilities, refugee status, regionality, locality, and religion [25]. In this sense, there are interactions between the health status of the cases examined and their social status, socio-economic conditions, education level, intellectuality, interests and abilities, social environments, cultural and religious social identities.

For example, the immune system does not only show infectious conditions and illnesses. At the same time, it interacts with biological elements such as the circulatory system and other social psychological Dynamics [40]. Among the cases examined in the article, there are neurological factors as the source of pain, rheumatic diseases, muscle and joint pain, chronic diseases such as blood pressure and asthma.

As in the second and third cases, bodily physical distress comes from overloading the body from a young age [41]. The second case, the woman's working from an early age, is related to factors such as socio-economic, cultural and gender. Because housework and working life are not balanced and more responsibilities can be placed on women's shoulders according to gender stereotypes. Therefore, we encounter the effect of socio-cultural factors again.

In the third case, besides physical exertion, factors such as cultural loyalty to siblings and respect for elders were effective. He was socially isolated as well as devastated his body and psychology. Isolation, which was his own choice, wore him down even more. His knees could not carry him, he could not go out biological factors include physical factors that affect health. All systems that make up the body, such as the immune system and nervous system, have a complex structure and are interrelated.

In the fourth case, a different neurological disease complaint is observed. Until this disease appears, the social and environmental conditions of the person are quite diverse and rich. Therefore, in this case, the most frustrating person was the lack of communication and the lack of cultural diversity to which he was accustomed. Considering the effects of various restriction measures taken around the world due to the Covid-19 pandemic on elderly people [42,43], being in crowded environments is risky for them on the one hand, and isolation from social communication negatively affects their psychology [44]. When other cases were examined, it was observed that chronic diseases such as asthma and blood pressure were quite common.

In the fight against diseases, the physical endurance of people and their immune systems can also be effective. Regular exercise helps to protect the resistance of the immune system, which weakens with aging [45]. There may be differences in the ways of coping with pain and controlling emotions, as well as in the causes of pain. In combating pain, directing attention to other issues, developing a positive perspective instead of negative thoughts about the disorder, applying relaxation techniques, and benefiting from religious or spiritual resources are among the methods used [46].

In this study, women's coping with aches and pains and their circumstances was stronger than men. Men were more psychologically withdrawn and more affected by the lack of communication. On the other hand, it is seen that women exhibit an approach of being more committed to life and accepting the situation as it is. It can be said that women are more experienced in recognizing social pressures earlier in the socialization process and developing their own solution strategies for this [47].

Feminist Standpoint Theory which focuses on the connection between women's own life experiences and knowledge, tries to explain how women resist as much as they are oppressed, often how they have to consent, sometimes even how they suppress and depend on each other [7].

It deals with the dynamics of individual, group and social identity. He argues that women's life experiences provide pluralistic identities [48]. According to Gate Control Theory, social structure and environmental features act as a gate in the control of pain. So much so, that even in moments when social communication is interrupted, ties with life can be achieved, just like the scent of a flower or the harmony of a sound, resistance to biological/physical pains.

However, it can be thought that while women realize inequalities and develop their own resistance practices against them, they also benefit from resignation, acceptance, and patience. For example, with the understanding of "There is a good in everything", a reason or miracle is sought in the difficulties encountered and it is thought that the difficulties can be solved by accepting, not by rebelling. According to a study on people's orientation towards resignation in Turkey, it is applied at the beginning of a job or event, during and after the realization process. Among the reasons for resignation, there are situations such as making decisions on issues such as marriage, education and work, health problems, economic problems, losing a loved one, that is, factors that lead people to uncertainty and create stress [49].

Based on the findings and discussions, a summary presentation was preferred in Table 5, based on the intersection of the cases' own life experiences with their multiple identities.

Table 5. Summary of the demographic, physiological, psychological, cognitive and social environmental characteristics of the participants

Cases	Demographic	Physiological	Psychological	Cognitive	Social/ Environmental
1	Female, university graduate, married, childless	Stomach and intestinal disorders, neurological problems, enteral nutrition	Discreet, conservative, frugal, selective, knows what she wants, can make jokes	Intellectual, knowledgeable, following foreign language, art, music, painting activities	Reputable, popular, successful female executive personality as much as men.
2	Male, university graduate Widowed , Childless	High blood pressure, joint pain, meniscus	Sensitive, altruistic, critical, depressed, generous	Knowledgeable, able to make philosophical comments about life and death	Helpful, generous, charismatic personality that becomes moody and lonely and aggressive over time
3	Female, primary school, widowed, house wife with children	Rheumatic ailments, paralysis	Cheerful, positive thinking, committed to life	Common sense, caring, sensitive	Loved, a source of motivation to others, always balanced.
4	Male, university graduate, married with Children	Atypical psychological and neurological, undiagnosed diseases	Benevolent, sincere, committed, successful, determined, hardworking, easily persuaded.	Knowledgeable, open to self-development, loves to research on different subjects	Kind-hearted, impressive, having leadership qualities, but later withdrawn, anti-social personality
5	Female, high school graduate, married, house wife, childless	Weakness, weakness, joint pain due to malnutrition	Self-sufficient, humorous, helpful, likes to save	Conscious, aesthetic and artistic skills, know about economic investments	Talkative, extroverted, persuasive, balanced and stable personality
6	Male, primary school graduate, married with children	Asthma and Dementia and Alzheimer's onset	Cheerful, humorous, prudent, tolerant.	Interesting, clever, but later unconsciousness	A funny, impatient personality who loves children and animals, but is now restless.
7	Female, primary school graduate, widowed, house wife with children	High blood pressure, diabetes and fatty liver	Honest, empathetic, helpful, patient, introverted, worshiper	Avoiding wondering and questioning the lives of others, developing religious knowledge	Well-intentioned, loved, appreciated, respected personality.

On the other hand, on intersectionality, Patricia Hill Collins [50] writes, as a black feminist sociologist, that women who are like her are devalued in the labor market because they benefit less from educational opportunities, thus they are exposed to more oppression and violence as both women and black African immigrants. . According to Collins, women learn to manage their emotions at an early age. This can be related to Goffman's [51] impression management. Because while the selves are exhibiting themselves, they constantly create an impression for those who follow them. They also apply various tactics while trying to leak through some cracks in daily life [23]. According to Goffman [51], they are like acrobatic actors who perform predetermined roles on the stage of life and are not completely free. However, while they are more serious in front of the stage, they can act a little more relaxed behind.

In fact, it should be noted that emotions are also multi-layered, as in intersectionality studies. Multilayeredness, critical realism [34] intersectionality are actually compatible with each other. Realism, as a social theory, argues that social reality is multi-layered rather than homogeneous. Because social reality is stratified. All institutions such as family, state, education, economy, law, religion and health interact with each other. As a result, their understanding is achieved by rejecting dualities and revealing interactions in process [13, 52].

Collins [50] in her book "The Managed Heart, the Commercialization of Human Emotion" describes emotions as capital. There is inequality in the accumulation regime in family and education, just like in the economy. Women are also at a disadvantage in terms of their health [53]. However, over time, they become stronger in combat as reflexive. In fact, inequalities about women, children, elderly and disabled people in the family and at home are reproduced ideologically. Emotions are also a source. Black women's feelings of anger also return as a power and a positive source. In our study, it can be said that the oppression of women under both gender and Islamic rules and their being confined to their homes behind walls strengthens them. In other words, their emotional capital enables them to have a more combative spirit in the face of inequalities and not to give up immediately. It seems possible to try to understand women's feeling of peace and harmony with themselves in their old age, on the one hand, with Islam [54], that is, with culture[55], and on the other hand, with emotions, that is, with the psychological dimension. In addition, it can be said that their being both combative and strong and resigned calm is a sign of their "liminal" status [56]. Perhaps the high ability of women to "reframe" events in daily life [57] is their advantage.

CONCLUSION

To exemplify how the Biomedical model in health evolved into a holistic model, early studies accepted that pain emerged as a result of bodily/physical disease in accordance with the Specificity Theory. Psychosocial factors were not included here at all. On the other hand, Gate Control Theory, developed by Melzack and Wall [3] (1965) in the mid-1960s, determined that pain is multidimensional (sensory-physiological, motivational-emotional and cognitive three dimensions) and even analyzed environmental factors contributes significantly.

As a result, it is widely accepted that biological, psychological and social factors should be considered together in understanding and coping with semi-healthy states, pain and illness [57]. Recognizing that factors such as age, gender, education, ethnicity, socio-economic status, breaking of close social relations such as divorce, adolescence life experiences, family environment can be effective in the emergence and development of disease and disease

indicators and the use of health services, relational and intersectional sociological studies are needed in the field of health.

Within the limits of this article, it has been tried to contribute sociologically to the questioning of the Bio-medical Model, which is the basis of Western medicine, with examples from outside the West. It is recommended that this study may be developed with relational and intersectional studies based on a larger mixed design.

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