



## CULTURAL CONCEPTS OF HEALTH: A COMPARATIVE ANALYSIS OF FRENCH, ENGLISH, AND RUSSIAN HEALTH BELIEFS THROUGH HUMOR

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### ABSTRACT

*This study employs humor and anecdotal evidence to investigate cultural perspectives on health and medical procedures in France, England, and Russia. The study investigates how deeply ingrained cultural ideas about sickness, treatment choices, and healthcare systems are reflected in national jokes, colloquial idioms, and popular tales using a qualitative content analysis technique. The analysis shows clear trends: English emphasis on bowel regularity, stoicism, and natural remedies; French obsession with liver dysfunction and preference for suppositories and mineral water; and Russian attitudes marked by disregard for preventive care, celebration culture at odds with health consciousness, and notable differences between public and private healthcare. The results show that humor is a useful cultural artifact for comprehending beliefs and actions connected to health. This comparative study contributes to cross-cultural health communication research and highlights the importance of cultural competence in medical practice and public health interventions.*

## 1. Introduction

### 1.1 Background and Rationale

Health beliefs and practices are deeply rooted in cultural contexts, shaped by historical experiences, social norms, and collective behaviors. While formal medical anthropology has long studied cultural variations in health concepts, the examination of popular humor and folk narratives offers unique insights into how societies genuinely conceptualize illness and wellness in everyday life (Douglas, 1975). Jokes, anecdotes, and colloquial expressions reveal underlying anxieties, priorities, and stereotypes that may not surface in formal medical encounters or survey responses.

The French, English, and Russian cultures represent distinct approaches to healthcare systems, body consciousness, and medical authority. France's centralized



healthcare system emphasizes specialist care and pharmaceutical interventions; England's National Health Service embodies pragmatic, community-based medical provision; Russia's healthcare landscape reflects post-Soviet transitions between state-funded and private medical services. These structural differences intersect with cultural attitudes toward illness, pain tolerance, and health-seeking behaviors.

### **1.2 Research Questions**

This study addresses the following questions:

1. How do national humor traditions reflect cultural concepts of health and illness in France, England, and Russia?
2. What specific health concerns dominate each culture's collective consciousness as evidenced through popular narratives?
3. How do attitudes toward medical professionals and healthcare systems differ across these three cultures?
4. What role does humor play in expressing and reinforcing cultural health beliefs?

### **1.3 Significance of the Study**

Understanding cultural health beliefs is crucial for several reasons. First, globalization and international migration create increasingly multicultural patient populations requiring culturally competent care (Kleinman, 1980). Second, public health interventions must align with cultural values to achieve effectiveness (Helman, 2007). Third, examining health through humor provides access to informal belief systems that complement formal epidemiological data. This research contributes to medical anthropology, cross-cultural communication studies, and practical healthcare delivery in multicultural contexts.

## **2. Literature Review**

### **2.1 Medical Anthropology and Cultural Health Beliefs**

Medical anthropology has established that illness and health are culturally constructed concepts (Good, 1994). Kleinman's (1980) distinction between "disease" (biological pathology) and "illness" (cultural experience of sickness) demonstrates how cultural frameworks shape health perceptions. Research on explanatory models of illness shows that patients' understanding of causation, symptoms, and appropriate treatments varies significantly across cultures (Helman, 2007).

### **2.2 Humor as Cultural Artifact**

Humor studies demonstrate that jokes and anecdotes reflect collective anxieties, social hierarchies, and shared values (Davies, 1990). Ethnic humor, in particular, often exaggerates cultural stereotypes while revealing underlying truths about group identity (Apte, 1985). Medical humor specifically serves multiple functions: coping with anxiety about mortality, challenging medical authority, and expressing frustration with healthcare systems (Robinson, 1991).

### **2.3 National Healthcare Systems and Cultural Attitudes**

Comparative healthcare research identifies distinct national approaches to medical organization and philosophy. France's system emphasizes pharmaceutical solutions and specialist expertise (Rodwin, 2003). The British NHS reflects values of stoicism, self-reliance, and equitable access despite resource constraints (Klein, 2013). Russia's



healthcare transformation since 1991 created tensions between Soviet-era universal coverage expectations and emerging private medical markets (Danishevski et al., 2006).

#### **2.4 Specific Cultural Health Concerns**

Research on French health culture notes the cultural fixation on "liver crisis" (*crise de foie*) as an explanatory model for various ailments (Payer, 1988). British health sociology documents the cultural emphasis on bowel regularity as a marker of wellness, rooted in Victorian-era hygiene movements (Lupton, 1996). Russian public health literature identifies high rates of cardiovascular disease and alcohol-related mortality as major concerns (Leon et al., 1997), while studies of post-Soviet healthcare note declining trust in medical institutions (Cockerham, 1999).

#### **2.5 Research Gap**

While substantial literature exists on healthcare systems and medical anthropology separately, few studies integrate humor analysis with comparative health culture research. This study addresses that gap by systematically analyzing how popular narratives across three cultures reflect and reinforce distinct health belief systems.

### **3. Methodology**

#### **3.1 Research Design**

This study employs a qualitative, interpretive approach using content analysis of cultural texts. The methodology draws on both medical anthropology and humor studies frameworks to analyze jokes, anecdotes, and colloquial expressions as cultural artifacts revealing health beliefs.

#### **3.2 Data Sources**

The primary data source consists of a curated collection of health-related humor from French, English, and Russian cultural contexts. Materials include:

- Jokes and anecdotes circulating in oral tradition and popular media
- Colloquial expressions and linguistic patterns related to health
- References to popular health programs and cultural phenomena
- Stereotypical representations in cross-cultural humor

Data encompasses both monolingual humor (jokes originating within each culture about their own health practices) and cross-cultural humor (jokes comparing or contrasting different national approaches).

#### **3.3 Analytical Framework**

Analysis proceeds through several stages:

- 1. Thematic Coding:** Identifying recurring themes related to specific organs/body parts, preferred treatments, attitudes toward medical professionals, healthcare system critiques, and illness causation beliefs.
- 2. Cultural Pattern Recognition:** Examining how jokes cluster around particular health concerns (e.g., French liver obsession, English bowel preoccupation, Russian alcohol-related illness).
- 3. Comparative Analysis:** Contrasting attitudes, values, and practices across the three cultures to identify distinctive national patterns.
- 4. Interpretation:** Contextualizing humor within broader cultural, historical, and healthcare system contexts.



### 3.4 Theoretical Framework

The analysis employs several theoretical lenses:

- **Cultural schemas theory:** Humor reflects shared cognitive frameworks for understanding health and illness (D'Andrade, 1995)
- **Social constructionism:** Health concepts are culturally produced rather than universal (Berger & Luckmann, 1966)
- **Practice theory:** Jokes both reflect and reinforce actual health-seeking behaviors (Bourdieu, 1977)

### 3.5 Limitations

This methodology has inherent limitations. Humor may exaggerate or distort actual beliefs for comedic effect. The study cannot assess the prevalence of particular beliefs or their correlation with actual health behaviors. Translation of jokes across languages involves inevitable interpretation. The analysis represents cultural tendencies rather than universal attitudes within each society.

### 3.6 Ethical Considerations

The study analyzes publicly circulating cultural texts rather than individual narratives. No human subjects research was conducted. Analysis aims for respectful cultural interpretation while acknowledging that humor often trades in stereotypes.

## 4. Findings and Discussion

### 4.1 French Health Culture: The Liver Paradigm

#### 4.1.1 Liver as Central Explanatory Model

The analysis reveals that French health humor consistently centers on liver dysfunction as a catch-all explanation for diverse ailments. This pattern reflects the cultural concept of *crise de foie* (liver crisis), attributing symptoms from colds to baldness to hepatic problems. The jokes demonstrate that this belief persists despite medical evidence that many attributed symptoms lack hepatic etiology.

The joke about a doctor treating a woman for liver problems for twenty years before she dies of a heart attack illustrates French skepticism toward medical expertise while simultaneously reinforcing the liver-centric explanatory model. The punchline—that any treatment by this doctor guarantees liver-related death—simultaneously mocks medical incompetence and validates liver obsession.

#### 4.1.2 Treatment Preferences: Mineral Water and Suppositories

French humor emphasizes two primary therapeutic approaches: mineral water consumption and suppository use. The naming of specific mineral water brands (Badoit, Evian, Perrier, Vichy) in health contexts reflects commercialization of wellness culture. Suppositories' prominence in French medical humor, particularly their use for conditions Americans would treat orally (including insomnia), highlights distinctive pharmaceutical practices.

The Belgian suppository joke, while ostensibly mocking Belgian intelligence, actually reveals French cultural assumptions about proper medication administration routes. The joke's humor relies on audience familiarity with suppository prevalence in French medical practice.

#### 4.1.3 Medical Consumerism and Skepticism



French humor reveals attitudes of medical skepticism combined with healthcare consumerism. Patients keep their own medical records, rarely see the same specialist twice, and seek free consultations opportunistically. The dinner party joke about the lawyer charging the doctor for advice illustrates French attitudes toward professional fees and transactional relationships with medical providers.

Pharmacy jokes highlighting patient mispronunciations demonstrate French confidence in self-diagnosis despite limited medical knowledge. Patients arrive at pharmacies with predetermined diagnoses, expecting pharmacists to supply appropriate medications without physician consultation.

#### **4.2 English Health Culture: Bowels, Stoicism, and Self-Reliance**

##### **4.2.1 Bowel Preoccupation**

English health humor centers on intestinal function with remarkable consistency. The elderly man's joke about God turning on the bathroom light (actually the refrigerator) demonstrates lifelong attention to bowel and bladder function. This preoccupation traces to Victorian-era beliefs about regularity as health indicator and persists in contemporary culture.

Oatmeal jokes reflect the practical connection between cultural food preferences and bowel concerns. The naming of breakfast cereals with terms like "Power" and "Whole Grain" demonstrates commercialization of fiber consciousness. The instant oatmeal joke humorously questions the efficiency obsession while confirming the cultural ubiquity of this breakfast choice.

##### **4.2.2 Stoicism and Pain Minimization**

English humor reveals cultural values of stoicism and pain tolerance. Queen Victoria's deathbed words—"I am already feeling a little better"—exemplify the cultural ideal of maintaining optimism despite dire circumstances. The joke about the car accident victim whose "entire left half was torn off" being declared "all right" by doctors demonstrates dark humor about medical dismissiveness, but also reflects cultural expectations that patients minimize complaints.

The Alzheimer's disease benefits joke transforms a serious illness into a list of silver linings, embodying the English tendency to find positivity in adverse circumstances. This contrasts sharply with health humor from other cultures that emphasizes suffering or system failures.

##### **4.2.3 Healthcare Access and Minimization**

English humor reflects NHS structural realities: limited home visits, ambulance services reserved for emergencies, and patient responsibility for determining injury severity. The joke about classifying which injuries merit emergency care satirizes this self-triage system while revealing actual barriers to access.

Doctor jokes showing dismissive responses to patient complaints ("Wear a brown tie" for yellow teeth; "It will just seem longer" about life extension) reflect both British dark humor and actual experiences of medical encounters in resource-constrained settings. The humor acknowledges system limitations while maintaining characteristic stoicism.



## **4.3 Russian Health Culture: Negligence, Celebration, and Healthcare Disparities**

### **4.3.1 Alcohol Culture and Health Consequences**

Russian health humor directly confronts alcohol's central role in morbidity and mortality. Jokes don't merely reference drinking but explicitly connect it to cirrhosis and cardiovascular disease—Russia's leading causes of death. The progression from celebratory culture to health consequences appears repeatedly.

The red wine joke—"Red wine is good for your health. And health is needed to drink vodka"—reveals circular logic prioritizing celebration over wellness. The statement "In Russia people don't suffer from alcoholism. They enjoy it" transforms a public health crisis into a source of national pride, demonstrating collective ambivalence about addressing alcohol-related health problems.

The smoking joke about a man's body speaking to him before he suffers stroke and cirrhosis represents the body as a separate entity whose warnings go unheeded. This anthropomorphization suggests awareness of health consequences alongside deliberate disregard.

### **4.3.2 Healthcare System Disparities**

Russian humor starkly contrasts free and paid medical services. The "ear-nose-throat" doctor joke uses wordplay to characterize public sector physicians as inattentive, loud, and contemptuous—qualities associated with Soviet-era bureaucratic healthcare. This reflects actual quality differentials between state and private medicine.

Cost-focused jokes reveal anxiety about healthcare expenses. The hospital exchange about the patient having "\$2000" (initially misunderstood as a symptom count) directly addresses treatment costs. The dentist joke about pulling teeth "slowly" if the patient objects to charges satirizes the commodification of medical procedures.

These jokes reveal tensions between Soviet-era expectations of free universal healthcare and contemporary Russian medical capitalism, where quality care requires significant out-of-pocket expenses.

### **4.3.3 Preventive Care Negligence**

Russian humor characterizes health consciousness as deviant. The joke about the man with a healthy lifestyle being assumed to be an ex-convict reveals that preventive care, regular routines, and health consciousness are culturally associated with forced institutional regimes rather than personal choice.

This contrasts sharply with Western health cultures emphasizing individual responsibility for wellness. Russian humor suggests that health maintenance requires external enforcement absent in normal civilian life. The joke implicitly critiques both inadequate public health infrastructure and individual negligence.

### **4.3.4 Alternative Medicine Popularity**

Jokes about "Malakhov Plus" (a television program promoting folk remedies and urine therapy) reflect recent surges in alternative medicine interest. The "Health Factory" parody suggests desperation driving people toward unproven treatments. The darkly humorous question about which participants will "survive to the finale" acknowledges potential dangers in following such advice.



This turn toward folk medicine correlates with healthcare cost barriers and declining trust in medical institutions. Humor simultaneously mocks alternative medicine while acknowledging the circumstances driving its popularity.

#### **4.4 Comparative Analysis**

##### **4.4.1 Organ-Specific Cultural Focuses**

Each culture demonstrates distinctive organ preoccupations: French liver, English bowels, Russian cardiovascular system. These focuses correlate with diet patterns (French rich food and alcohol, English fiber consciousness, Russian heavy alcohol consumption), historical health education campaigns, and actual disease prevalence.

##### **4.4.2 Treatment Philosophy Differences**

Treatment preferences diverge significantly: French pharmaceutical interventions (suppositories, mineral water), English natural remedies (herbal infusions, castor oil), Russian folk medicine revival. These differences reflect broader cultural attitudes toward medical authority, commercialization, and traditional versus modern medicine.

##### **4.4.3 Patient-Provider Relationships**

Humor reveals distinct patient-provider dynamics: French medical consumerism and specialist shopping, English stoic deference to limited resources, Russian distrust of public providers combined with inability to afford private care. These patterns reflect healthcare system structures but also cultural values regarding authority, self-advocacy, and resource distribution.

##### **4.4.4 Pain and Illness Expression**

Cultural norms about expressing discomfort vary dramatically. English humor emphasizes minimizing complaints and maintaining optimism. French humor shows patients actively seeking attention and demanding treatments. Russian humor reveals delayed care-seeking until crisis situations. These patterns have implications for clinical encounters with multicultural patient populations.

#### **5. Conclusion**

This investigation illustrates that humor related to health yields significant insights into the cultural belief frameworks associated with illness, treatment modalities, and medical care. The French preoccupation with the liver, the English focus on bowel health, and the Russian disregard for health signify more than mere stereotypes—they encapsulate genuine cultural patterns that have ramifications for public health initiatives and clinical practice. The research elucidates how humor both mirrors and strengthens health-related beliefs. Comedic references to French use of suppositories not only depict authentic medical practices but also serve to normalize such actions. Jokes about English stoicism recognize systemic inadequacies while simultaneously endorsing a culture of endurance. Russian humor surrounding alcohol addresses health dilemmas while sustaining a culture of celebratory drinking.

For healthcare professionals operating within multicultural environments, comprehending these cultural patterns enhances the efficacy of communication. Acknowledging that French patients may interpret symptoms through the lens of liver issues, English patients might downplay discomfort, or Russian patients could postpone seeking medical attention until crises arise lays the groundwork for cultural competence.



Future inquiries ought to investigate whether humor patterns are correlated with quantifiable health behaviors and outcomes. Longitudinal research could evaluate whether the cultural narratives surrounding health evolve in tandem with advancements in healthcare systems. Comparative studies that incorporate additional cultures would broaden the understanding of the diversity inherent in global health beliefs.

In conclusion, this research substantiates that cultural contexts significantly influence health perceptions and practices. The assertion within medical anthropology that illness is a construct of culture is empirically supported through an analysis of humor. The delivery of effective healthcare necessitates cultural sensitivity that is informed by an appreciation of these deeply ingrained belief systems.

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