HISTORICAL STUDY OF ORIGIN AND DEVELOPMENT OF MEDICAL SOCIOLOGY

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ABSTRACT

Medical sociology is a sub discipline of sociology that studies the social causes and consequences of health and illness. **In the United States, John Shaw Billings,** organizer of the **National Library of Medicine** and compiler of the **Index Medicus,** wrote about hygiene and sociology in 1879; **Charles McIntire** defined medical sociology in 1894; **Elizabeth Blackwell**, the **first woman** to graduate from an American medical school, published a collection of essays on medical sociology in 1902, as did **James Warbasse** in 1909 (Bloom 2002). **Merton and his colleagues** (1957) extended the structural functionalist mode of analysis to the socialization of medical students, with Renee Fox's paper on training for uncertainty ranking as a major contribution. Four years later, **Howard Becker** and his associates published **Boys in White** (1961), a study of medical school socialization conducted from a symbolic interactionist perspective. This study became a sociological classic and was important for both its theoretical and methodological con tent. The techniques in participant observation provided a basis for the seminal work on death and dying and subsequent innovations in theory and methods by **Barney Glaser** and **Anselm Strauss (1965, 1967). Michel Foucault** and takes the view that knowledge about the body, health, and illness reflects subjective, historically specific human concerns and is subject to change and reinterpretation. Other areas in which British medical sociologists have excelled include studies of medical practice, emotions, and the experience of illness. Medical sociology also became a major socio logical specialty in **Finland**, the **Netherlands, Germany, Italy, Spain,** and **Israel**, and began to emerge in **Russia and Eastern Europe** in the 1990s after the collapse of communism. Moreover, medical sociology owes more to medicine than to sociology for its origin and initial financial support, so the relationship that has evolved is essentially supportive. As medical sociology continues on its present course, it is likely to emerge as one of sociology's core specialties as the pursuit of health increasingly becomes important in everyday social life.

KEYWORDS- *Medical sociology, National Library of Medicine, Elizabeth Blackwell, Howard Becker, Netherlands, Germany, Italy, Spain,*

INTRODUCTION

Medical sociology is a sub discipline of sociology that studies the social causes and consequences of health and illness (Cockerham 2004).

Major areas of investigation include the social aspects of health and disease, the social behavior of health care workers and the people who utilize their services, the social functions of health organizations and institutions, the social pat terns of health services, the relationship of health care delivery systems to other social systems, and health policy.

What makes medical sociology important is the significant role social factors play in determining the health of individuals, groups, and the larger society. Social conditions and situations not only cause illness, but they also help prevent it.

In recognition of the broad impact of social factors on health, medical sociology is sometimes referred to as ''health sociology'' or the ''sociology of health.'' However, the traditional name ''medical sociology'' persists because it is preferred by many of its practitioners.

Medical sociologists comprise one of the largest groups of sociologists in the world. They have employment opportunities both within and outside of academia. Medical sociologists work not only in university sociology departments, medical, nursing, and public health schools and various other health related professional schools, but also in research organizations and government agencies.

Medical sociology is a relatively new socio logical specialty. It came of age in the late 1940s and early 1950s in an intellectual climate far different from sociology's traditional specialties.

Specialties like theory, social stratification, urbanization, social change, and religion had direct roots to nineteenth century European social thought. These specialties were grounded in classical theory with major works by the sub discipline's founding figures.

However, sociology's early theorists ignored medicine because it was not an institution shaping society. An exception is Emile Durkheim's Suicide (1951 [1897]), which is sometimes claimed as the first major work in the field.

Medical sociology appeared in strength only in the mid twentieth century as an applied field in which sociologists could produce knowledge useful in medical practice and developing public policy in health matters.

Moreover, physicians, not sociologists, produced much of the earliest literature in medical sociology.

In the United States, John Shaw Billings, organizer of the **National Library of Medicine** and compiler of the Index Medicus, wrote about hygiene and sociology in 1879; Charles McIntire defined medical sociology in 1894;

Elizabeth Blackwell, the **first woman** to graduate from an American medical school, published a collection of essays on medical sociology in 1902, as did James Warbasse in 1909 (Bloom 2002).

The most important contribution came from Lawrence Henderson, a physician who taught a sociology course at Harvard in the 1930s.

Henderson espoused structural functionalist theory and published a 1935 work on the patient–physician relationship as a social system. Henderson's most direct influence on medical sociology was through Talcott Parsons, one of his students who became a leading figure in sociology (Bloom 2002).

The first sociologist to publish extensively on medical sociology was Bernhard Stern, who wrote historical accounts of the role of medicine in society from the late 1920s until the early 1940s.

Medical sociology evolved as a specialty in sociology in response to funding agencies and policymakers after **World War II** who viewed it as an applied field that could produce knowledge for use in medical practice, public health campaigns, and health policy formulation.

Ample funding for research to help solve the health problems of industrial society and the welfare state in the West during the post World War II era stimulated its growth.

In 1949, for example, the **Russell Sage Foundation** in the United States funded a program to improve the utilization of social science in medical practice that resulted in books on social science and medicine and the role of sociology in public health.

Particularly important was the establishment of the **National Institute of Mental Health** (NIMH) in the United States that funded and promoted cooperative projects between sociologists and physicians.

A significant result of such cooperation was the publication in 1958 of Social Class and Mental Illness:

A Community Study by August Hollingshead (a sociologist) and **Frederick Redlich** (a psychiatrist). This landmark study produced important evidence that social factors were correlated with different types of mental disorders and the manner in which people received psychiatric care.

The book remains the seminal study of the relationship between mental disorder and social class. This study also played a key role in the debate during the 1960s leading to the establishment of community mental health centers in the United States.

At the beginning of medical sociology's expansion, many people in the field had tenuous roots in mainstream sociology and an orientation toward applied rather than theoretical work. Some had no training in medical sociology whatsoever.

Many had been attracted to the subdiscipline because of the availability of jobs and funding for research. This situation led **Robert Straus** (1957) to suggest that medical sociology had become divided into two areas: sociology in medicine and sociology of medicine.

The sociologist in medicine performed applied research and analysis primarily motivated by a medical problem rather than a sociological problem.

Sociologists in medicine typically worked in medical, nursing, public health or similar professional schools, public health agencies, or health organizations like **CDC** and **WHO.** Sociologists of medicine primarily worked in academic sociology departments and engaged in research and analysis of health from a socio logical perspective.

The division in orientation created problems in the United States. Medical sociologists in universities were in a stronger position to produce work that satisfied sociologists as good sociology.

Sociologists in medical institutions had the advantage of participation in medicine as well as research opportunities unavailable to those outside clinical settings. Disagreement developed between the two groups over whose work was the most important.

What resolved this situation over time was a general evolution in medical sociology that saw both applied and theoretical work emerge on the part of medical sociologists in all settings. Medical sociologists in universities responded to funding requests for applied research, while some of their counter parts in medical institutions, like Anselm Strauss, produced important theoretical work.

A related problem in the early development of medical sociology was its potential to become dependent on medicine for its direction and research orientation.

However, this did not hap pen, as medical sociologists adopted an independent course and made the practice of medicine one of its major subjects of inquiry, including its core relationships with patients and the organizational structure of health care delivery systems (Bloom 2002).

Medical sociologists, in turn, brought their own topics to the study of health such as social stress, healthy lifestyles, and the social determinants of disease.

TALCOTT PARSON

A decisive event took place in medical sociology in 1951 that provided a theoretical direction to a formerly applied field.

This was the appearance of Parsons's The Social System. This book, written to explain a complex structural functionalist model of society, contained Parsons's concept of the sick role.

Parsons had become the best known sociologist in the world and having a theorist of his stature provide the first major theory in medical sociology called attention to the young sub discipline particularly among academic sociologists.

Anything he published attracted interest. Not only was Parsons's concept of the sick role a distinctly sociological analysis of sickness, but it was widely believed by many sociologists at the time that Parsons was charting a future course for all of sociology through his theoretical approach.

This did not happen. Nevertheless, Parsons brought medical sociology intellectual recognition that it needed in its early development by endowing it with theory. Moreover, following Parsons, other leading sociologists of the time such as **Robert Merton** and **Erving Goffman** published work in medical sociology that further promoted the academic legitimacy of the field.

The Post Parsons Era

The next major area of research after Parsons developed his sick role concept was medical education.

Merton and his colleagues (1957) extended the structural functionalist mode of analysis to the socialization of medical students, with Renee Fox's paper on training for uncertainty ranking as a major contribution.

Four years later, **Howard Becker** and his associates published **Boys in White** (1961), a study of medical school socialization conducted from a symbolic interactionist perspective.

This study became a sociological classic and was important for both its theoretical and methodological con tent.

The techniques in participant observation provided a basis for the seminal work on death and dying and subsequent innovations in theory and methods by **Barney Glaser** and **Anselm Strauss (1965, 1967).**

With the introduction of symbolic interaction into a field that had previously been dominated by structural functionalism, medical sociology became a significant arena of debate between two of sociology's major theoretical schools.

This debate helped stimulate a virtual flood of publications in medical sociology in the 1960s. Moreover, the Medical Sociology Section of the **American Sociological Association** (ASA) was formed in 1959 and grew to become one of the largest and most active ASA sections.

American influence was also important in founding **Research Committee** 15 (Health Sociology) of the **International Sociological Association** in 1967 (Bloom 2002).

The Medical Sociology Group of the British Sociological Association (BSA) was organized in 1964 and became the largest specialty group in the BSA, with its own annual conference.

In 1966 the Journal of Health and Social Behavior, founded in 1960, became an official ASA publication, making medical sociology one of the few sociological sub disciplines publishing its own journal under ASA auspices.

In the meantime, in Great Britain, a new journal, Social Science and Medicine, was founded in 1967 and became an especially important journal for medical sociologists throughout the world.

The growing literature in medical sociology also led to the publication of textbooks.

The first textbook was **Norman Hawkins's Medical Sociology** (1958), but the early leaders were the first editions of books by **David Mechanic** (1968) and **Rodney Coe** (1970). **Howard Free** man, Sol Levine, and **Leo Reeder** likewise made an important contribution by publishing the **Handbook of Medical Sociology,** which contained summary essays on major topics by leading medical sociologists.

The first edition appeared in 1963 and the fifth edition in 2000, edited by **Chloe Bird, Peter Conrad,** and **Allen Fremont.**

During the 1960s, the symbolic interaction ist perspective temporarily dominated a significant portion of the literature. One feature of this domination was the numerous studies conducted with reference to labeling theory and the mental patient experience.

Sociologists expanded their work on mental health to include studies of stigma, stress, families coping with mental disorder, and other areas of practical and theoretical relevance.

For example, Goff man's Asylums (1961), a study of life in a mental hospital, presented his concept of ''total institutions'' that stands as a significant sociological statement about social life in an externally controlled environment. An abundant literature emerged at this time that established the sociology of mental disorder as a major subfield within medical sociology (Cockerham 2006).

Period of Maturity: 1970–2000

Between **1970 and 2000** medical sociology emerged as a mature sociological sub discipline.

This period was marked by the publication of two especially important books, **Eliot Friedson's Professional Dominance** (1970) and **Paul Starr's**

The Social Transformation of American Medicine (1982). Friedson formulated his influential ''professional dominance'' theory to account for an unprecedented level of professional control by physicians over health care delivery that was true at the time but no longer exists.

Starr's book won the Pulitzer Prize and countered **Friedson's thesis** by examining the decline in status and professional power of the medical profession as large corporate health care delivery systems oriented toward profit effectively entered an unregulated medical market.

Donald Light (1993) subsequently used the term ''countervailing power'' to show how the medical profession was but one of many powerful groups in society – the state, employers, health insurance companies, patients, pharmaceutical and other companies providing medical products – maneuvering to fulfill its interests in health care.

Another major work was **Bryan Turner's Body** and **Society** (1984), which initiated the sociological debate on this topic.

Theoretical developments concerning the sociological understanding of the control, use, and phenomenological experience of the body, including emotions, followed.

Much of this work has been carried out in Great Britain and features social constructionism as its theoretical foundation. Social constructionism has its origins in the work of the French social theorist

Michel Foucault and takes the view that knowledge about the body, health, and illness reflects subjective, historically specific human concerns and is subject to change and reinterpretation.

Other areas in which British medical sociologists have excelled include studies of medical practice, emotions, and the experience of illness.

Medical sociology also became a major socio logical specialty in **Finland**, the **Netherlands, Germany, Italy, Spain,** and **Israel**, and began to emerge in **Russia and Eastern Europe** in the 1990s after the collapse of communism.

In the meantime, the **European Society for Health and Medical Sociology** was formed in 1983 and hosts a biannual conference for European medical sociologists.

In Japan, the **Japanese Society for Medical Sociology was established** in 1974 and, since 1990, has published an annual review of work in the field.

Elsewhere in **Asia, medical sociology** is especially active in Singapore, Thailand, and India, and is beginning to appear in China.

In **Africa, medical sociology** is strongest in South Africa. Medical sociology is also an important field in **Latin America**, and because of its special Latin character, many practitioners prefer to publish their work in books and journals in **Mexico, Brazil, Argentina, and Chile (Castro 2000).**

From the 1970s through the 1990s, medical sociology flourished as it attracted large numbers of practitioners in both academic and applied settings and sponsored an explosion of publications based upon empirical research.

Major areas of investigation included stress, the medicalization of deviance, mental health, inequality and class differences in health, health care utilization, managed care and other organizational changes, AIDS, and women's health and gender.

Several books, edited collections of readings, and textbooks appeared. The leading reader was edited by **Peter Conrad** and **Rochelle Kern** in 1981 and is now in a seventh edition (2005), with Conrad the sole editor.

The leading textbook was **William Cockerham's Medical Sociology,** first published in 1978 and due to appear in a tenth edition in 2007. Another major medical sociology journal, the Sociology of Health and Illness, was started in Britain in 1978, as was a new journal, Health, in 1999.

However, the success of medical sociology also brought problems in the 1980s. Research funding opportunities lessened and the field faced serious competition for existing resources with **health economics, health psychology, medical anthropology, health services research,** and **public health.**

Not only did these fields adopt sociological research methods in the forms of social surveys, participation observation, and focus groups, some also employed medical sociologists in large numbers.

While these developments were positive in many ways, the distinctiveness of medical sociology as a unique sub discipline was nevertheless challenged as other fields moved into similar areas of research.

Furthermore, some of the medical sociology programs at leading American universities had declined or disappeared over time as practitioners retired or were hired away.

Yet the overall situation for medical sociology was positive as the job market remained good, almost all graduate programs in sociology offered a specialization in medical sociology, and sociologists were on the faculties of most medical schools in the **United States, Canada,** and **Western Europe** (Bloom 2002).

The 1990s saw medical sociology move closer to its parent discipline of sociology. This was seen in a number of areas, with medical socio logical work appearing more frequently in general sociology journals and the increasing application of sociological theory to the analysis of health problems.

The American Journal of Sociology published a special issue on medical sociology in 1992, and papers on health related topics are not unusual in the **American Sociological Review.**

While medical sociology drew closer to sociology, sociology in turn moved closer to medical sociology as the field remains one of the largest and most robust sociological specialties.

CONCLUSION

Ultimately, what allows medical sociology to retain its unique character is

(1) its utilization and mastery of sociological theory in the study of health and

(2) the sociological perspective that accounts for collective causes and outcomes of health problems and issues. No other field is able to bring these skills to health related research and analysis.

Today it can be said that medical sociology produces literature intended to inform medicine and policymakers, but research in the field is also grounded in examining health related situations that inform sociology as well.

Medical sociology no longer functions as a field whose ties to the mother discipline are tenuous, nor has it evolved as an enterprise subject to medical control. It now works most often with medicine in the form of a partner and, in some cases, an objective critic.

Moreover, medical sociology owes more to medicine than to sociology for its origin and initial financial support, so the relationship that has evolved is essentially supportive.

As medical sociology continues on its present course, it is likely to emerge as one of sociology's core specialties as the pursuit of health increasingly becomes important in everyday social life.

REFERENCES:

1. Becker, H., Greer, B., Hughes, E., & Strauss, A. (1961) Boys in White: Student Culture in Medical School. University of Chicago Press, Chicago.
2. Bird, C., Conrad, P., & Fremont, A. (2000) Hand book of Medical Sociology, 5th edn. Prentice-Hall, Upper Saddle River, NJ.
3. Bloom, S. (2002) the Word as Scalpel: A History of Medical Sociology. Oxford University Press, New York.
4. Castro, R. (2000) Medical Sociology in Mexico. In: Cockerham, W. (Ed.), the Blackwell Companion to Medical Sociology. Blackwell, Oxford, pp. 214-32.
5. Cockerham, W. (2004) Medical Sociology, 9th edn. Prentice-Hall, Upper Saddle River, NJ.
6. Cockerham, W. (2006) Sociology of Mental Disorder, 7th edn. Prentice-Hall, Upper Saddle River, NJ.
7. Coe, R. (1970) Sociology of Medicine. McGraw-Hill, New York.