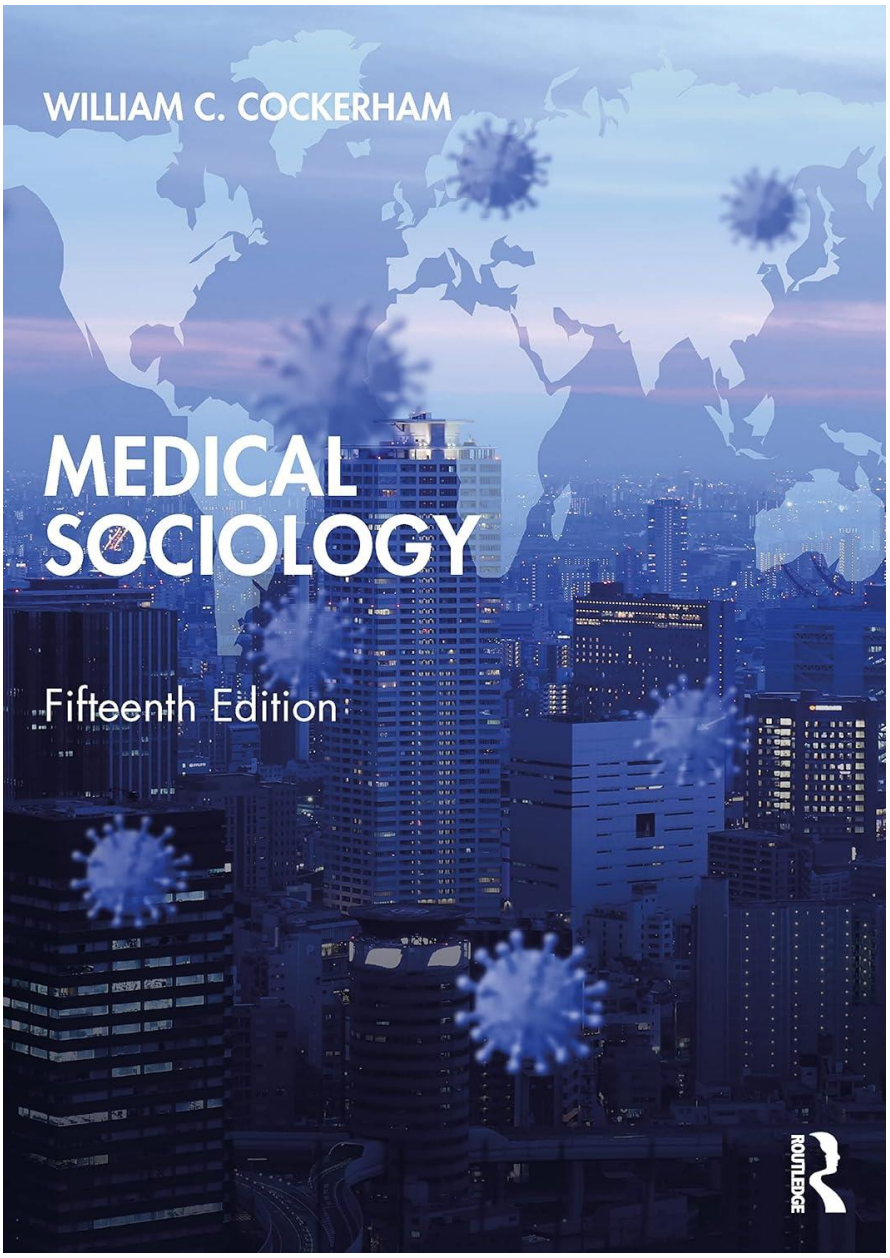

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LEARNING OBJECTIVES

■ Be able to explain how social factors are determinants of health and disease.
■ Know why the development of medical sociology was different from other sociological specialties.

■ Recognize why disease threats have changed over time as society has modernized.

Te purpose of this book is to introduce readers to the feld of medical sociology. Rec-

ognition of the signifcance of the complex relationship between social factors and the

level of health characteristic of various groups and societies has led to the development of medical sociology as a major substantive area within the general feld of sociology. As an academic discipline, sociology is concerned with the social causes and consequences of human behavior. Tus, it follows that medical sociology focuses on the social causes and consequences of health, illness, and disease. Medical sociology brings sociological perspectives, theories, and methods to the study of health-related situations. Areas of investigation include the social causes of health and disease, health disparities, the social behavior of health care personnel and their patients, the social functions of health organizations and institutions, the social patterns of the utilization of health

services, social policies toward health, and similar topics. What makes medical sociology important is the critical role social factors play in determining or infuencing health

outcomes.

The Social Determinants of Health

A signifcant development in the study of health and disease is the growing recognition of the relevance of social determinants. Te term social determinants of health refers to social practices and conditions (such as lifestyles, living and work situations), social class position or socioeconomic status (income, education, and occupation), stressful circumstances, poverty, and discrimination, along with economic (e.g., unemployment, business recessions), political (e.g., policies, government benefts), and religious factors that afect the health of individuals, groups, and communities, either positively or negatively. Where a person is born and the social conditions they experience while growing up determine their chances of a healthy and long life. To put it simply, the "social determinants of health are nonmedical factors that can afect a person's overall health and health outcomes" (Daniel, Bornstein, and Kane 2018:677).

Social determinants not only foster illness and disability, but they also enhance prospects for coping with or preventing disease and maintaining health. Once thought of as

secondary or distant infuences on health and disease, it now appears that social conditions and behaviors are fundamental causes of health (Phelan and Link 2013, 2015).

Te social context of a person's life determines the risk of exposure, the susceptibility to a disease, and the course and outcome of the afiction—regardless of whether it is

infectious, genetic, metabolic, malignant, degenerative (Holtz et al. 2006), or mental (Cockerham 2021a). Tus it can be claimed that "society may indeed make you sick or conversely promote your health" (Cockerham 2021b:1).

Social factors are also important in infuencing how societies organize their resources to cope with health hazards and deliver health care to the population at large.

Individuals, groups, and societies typically respond to health problems in a manner consistent with their culture, norms, and values. Social and political values infuence the choices made, institutions formed, and funding levels provided for health. It is no accident that the United States has its particular form of health care delivery and other nations have their own approaches. Health is not simply a matter of biology but involves a number of factors that are cultural, political, economic, and—especially—social. It is the social aspects of health that are examined in this book.

The Development of Medical Sociology

Te origin of medical sociology is in medicine, not sociology (Cockerham 2021c). Its beginnings can be traced to the early infuence of three prominent German physicians: Rudolf Virchow (1821–1902), Salomon Neumann (1819–1908), and Alfred Grotjahn (1869–1931). All three linked medicine to the need for a socially oriented perspective in health care. Virchow called attention to a close connection between health problems

and social conditions when investigating a typhus epidemic among a minority Polish population in Upper Silesia in 1847. Noted for his discoveries in cellular pathology and experimental physiology, Virchow went so far as to declare in 1848 that “medicine was a social science” (Porter 1997:643). To improve health conditions over the long term, Virchow maintained that were times when the physician’s responsibility was to serve as an “attorney for the poor” (Porter 1997:415). Neumann took up the same theme when he argued that medicine, at its core, was a social science afer observing a link between poverty and poor health in Berlin in 1862 (Bloom 2002).

Grotjahn, on his part, studied sociology. He did so while a frst-year medical student by taking a course at the University of Kiel with Ferdinand Tönnies (1855–1936),

author of the 1887 sociological classic, Gemeinschaf und Gesellschaf [Community and Society]. Tönnies apparently was not an outstanding lecturer, so the two of them and

another student roamed the city together, discussing the sociological implications of

what they observed. Grotjahn later became one of the founders of the German Socio-
logical Association, published the book Social Pathology (1912), which linked specifc

diseases with various social conditions, and founded social hygiene as a branch of
medicine.
Tere were other developments in the United States. John Shaw Billings, organizer
of the National Library of Medicine and compiler of the Index Medicus, had written
about hygiene and sociology as early as 1879. Te term medical sociology frst appeared
in 1894, not in a sociology journal but a medical journal (the Bulletin of the American

Academy of Medicine) in an article on “Te Importance of the Study of Medical Sociol-
ogy.” It was written by the physician Charles McIntire, on the relevance of social factors

for health, and given as a keynote address at the American Academy of Medicine meet-

ing in 1893. McIntire was the frst to name this area of study “medical sociology.” Some

credit him as medical sociology’s founder. According to Norman Hawkins (1958:18),
the author of the frst textbook on medical sociology:
A careful and protracted search reveals no pronouncement on the subject prior
to McIntire, and it is very unlikely that the term could have occurred much

earlier. . . . In view of the social and medical climate then existing it is not surpris-
ing that McIntire’s paper should have been written, nor that it should have been

written by a physician.
Te American Academy of Medicine also published the Journal of Sociologic

Medicine from 1895 to 1918, which featured papers on medical education and vari-
ous health-related topics such as diet, sleep, cancer, and news about medical orga-
nizations and societies. Other early work by American physicians included Essays

in Medical Sociology, a Christian-oriented book on sexuality, sexually transmitted diseases, and overpopulation written in 1902 by Elizabeth Blackwell. Tis was the frst book to have medical sociology in its title. Blackwell was the frst woman to graduate from an American medical school (Geneva Medical College in New York). She was admitted as a practical joke by the all-male student body, who were allowed to vote on accepting her as a medical student. She fnished at the top of her class (Porter 1997). Ten there was James Warbasse, another medical doctor, who wrote a book in 1909 called Medical Sociology: A Series of Observations upon the Sociology of Health and the Relations of Medicine about physicians as a unique social class.

Warbasse organized a Section on Sociology for the American Public Health Association in 1909 that lacked sociologists and was composed almost entirely of physicians

and social workers (Bloom 2002). Where was sociology at this time? Obviously, its focus was elsewhere. Physicians

had taken the subject matter and applied it to their feld rather than the other way around. Medical sociology had been both introduced and given a name in medicine.

Interest in the topic, however, fnally began to appear among sociologists in the early twentieth century. Bernard Stern (1894–1956), a lecturer in sociology at Columbia University who had attended medical school in his native Austria before dropping out for health reasons, published Social Factors in Medical Progress in 1927. He used

William Ogburn's (1922) theory of social change, which featured technological development as the cause of change, to explain medicine's history. Next came Lawrence

Henderson's 1935 paper on the physician and patient as a social system, which subsequently infuenced Talcott Parsons's conceptualization of the sick role years later.

Henderson was a physician and biochemist at Harvard who became interested in

sociological theory and changed careers to teach in the new social relations (sociol-

ogy) department when it was formed in the early 1930s (Bloom 2002). Parsons was

one of his students.
Medical sociology did not begin in earnest until afer World War II, in the late
1940s, when signifcant amounts of federal funding for sociomedical research frst
became available. Under the auspices of the National Institute of Mental Health,
medical sociology's initial alliance with medicine was in psychiatry.