

Medical Sociology in the 21st Century: A Birth and Philosophical Development

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Abstract

Medical sociology can trace its historical roots to the late eighteenth and the early periods of the nineteenth century. The academic discipline involves two embryonic fields, sociology and allopathic medicine, which began to cross paths in the declining period of the eighteenth century in small but significant ways. In the first three decades of the twentieth century, medical sociology was identified first, as a part of the field of social work and later with the field of public health. However, this philosophy began to change during the 1930s and the 1940s when the inter-relations between society and health became of interest to sociologists. Consequently, the study examined a deeper understanding of the birth, history and philosophical development of medical sociology. It highlighted the changes in philosophical development of medical sociology before and after the first and Second World Wars. The study adopted the theory of professionalism. The study recommended that medical sociologist and physicians should engage in more communal research to exchange ideas in their areas of competences to improve on the applications of social context of health and health care and to further solidify the status and prospects of the field in Nigeria.

Keywords: Health, Medical Sociology, Medicine and Philosophical Development.

Introduction

Medical sociology can trace its historical roots to the eighteenth century and the early periods of the nineteenth century. Two embryonic disciplines, sociology and allopathic medicine, began to cross paths in the declining period of nineteenth century in small but significant ways. For allopathic medicine, this period witnessed the beginnings of medicine's ongoing attempts to consolidate its professional powers and social legitimacy. Comte (1896) was the first to coin the word sociology to describe a distinct discipline that was emerging at that time. His theory of organismic analogy gave rise to the concept of Medical sociology. This can be a deductive argument since Comte did not intend to establish medical sociology as a subfield and did not attach the importance of socio-cultural issues in health. Comte, and later Spencer (1891, 1896), extensively compared human society to a biological being. Spencer observed that the universe consists of

organic (living), inorganic (non-living) and super-organic (society) entities. The idea of organismic analogy is that the human society has similar characteristics as that of the biological organism (Amzat & Razum, 2014).

Nevertheless, in the first three decades of the twentieth century medical sociology was identified first as a part of the field of social work and later with the field of public health. However, it was until the 1930s and the 1940s that the inter-relations between society and health issues became of interest to sociologists (Chloe, Conrad & Allen, 2000). Numerous health trajectories and experiences of individuals during and after the first and second World Wars alongside social relationships also helped to shape and modify health statuses. After the close of World War II, the expansion of the National Institutes of Health and the interest of private foundations in interdisciplinary research stimulated and supported the growth of medical sociology as an area of research and teaching.

However, Sociological interest in the influence of social status and culture on the health of individuals was not entirely a new phenomenon in the 1950s. Durkheim's (1951) classic study had earlier related the incidence of suicide to social cohesiveness. Also, social demographers and reformers in Britain and elsewhere had drawn attention to the effect of various forms of social deprivation on the mortality rates experienced by different social class groups (Abrutyn, 2016).

Lastly, in order to fully understand medical sociology, it is imperative to trace its origin and philosophy. Thus, it is important to trace the main trends binding the discipline's history and philosophy. The study examined history and scope of medical sociology. It highlights the changes in philosophical development of medical sociology before, during and after the First and Second World Wars.

Conceptual Clarification

Medical Sociology

Medical sociology is a branch of sociology that studies the social context 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 patterns of health services, the relationship of health care delivery systems to other social systems, and health policy (Hitoni, 2015; Erinosh, 2006). The field also studies mental health, orthodox and non-orthodox medicine, social psychiatry, and other related areas.

According to Talcott parson (1951), 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 (Karvonen,

Keshla & Maki-Opas, 2018). Hence medical sociology is the scientific study of the structure of medicine and socio-cultural factors and implications of health and illness.

Scope of Medical Sociology in Nigeria

Medical sociology is derived from three over-lapping concepts, medicine as a social science, social medicine, and the sociology of medicine. The three concepts explain the linkage between socio-cultural conditions and medical problems which is the idea that diseases are not just as a result of germs but also mediated and modified by socio-cultural factors (Mustafa-Shaibu, 2019; Bury, 2005). A more recent example is the covid-19 outbreak, the spread of the pandemic is more social-cultural since transmission and prevention are linked to the level of hygiene(frequent hand washing), maintenance of physical spacing between closed contacts (social distancing), eating of balanced diets to boost the immune system and hence a lot is expected from socio-cultural practices .

Furthermore, medical sociology addresses a wide range of key issues and especially the interplay between social factors and health (Weitz, 2016). The field of medical sociology is a sub-discipline of sociology, which attempts to analyze social action and social factors in illness and illness related situations with a view to making it possible for all involved in the illness situation to appreciate the social meaning and implication of any illness episode. In the 1950s, medical sociological studies were limited in scope as they concerned the social aspects of mental disorders and their consequences (Gabe, Bury & Elston, 2009).

Also, medical sociology is rich, diverse and represents one of the largest sub fields in sociology (Hafferty & Castellani, 2019). The discipline explores health care issues, such as professionalism in the health sector, physician-patient relationship, illness behaviour, occupational stress, mental disorders, the social distribution of health, medicalization of health care, health care policy, and public health. It also has drawn on and made excellent use of a wide range of sociological theories, including structural functionalism, symbolic interactionism, feminism, and postmodernism. Lastly, medical sociology has overlapped with medical anthropology, social epidemiology, health psychology, health economics, health services research, behavioural medicine, social psychiatry to create better research that will continually helped to improve the practice of medicine, health and general well-being of people globally.

Historical Development and Origin of Medical Sociology

Medical sociology was in existence but just a child of social work in the United States and of social hygiene in Europe and England (Scambler, 2005).The early development of medical sociology in the nineteenth century was not initially continuous, it was marked by occasional writings that were in response to the events which occurred around the period such as the industrial revolution, the struggle for political and social rights of the European middle class, the struggle of the English labour and the social and technological changes

caused by the civil war in the united states. These events typically heightened public feelings of social responsibility which then stimulated early variants of social science. A good example is Edwin Chadwick's Report on the Sanitary Conditions of the Labouring Population of Great Britain in 1842 (Marti-Ibanez, 1960) which at least was an enquiry into health. However, such movements were not sustained (Bloom 2002).

It was not until almost 1930 that an unbroken development began in the sociology of medicine, and only after World War II were individuals identified as medical sociologists. Consequently, shifting focus away from the efforts to incorporate social science within the medical field (Lewin, 2016). Thus, the development of medical sociology reflects the pressures of medicine as its host profession and general sociology as its parent discipline. This implies that the academic discipline is closely connected with and follows the patterns of development in its parent discipline. Unlike some specialized intellectual activities that take sharply divergent directions away from their origins (Little & McGivern, 2014).

Similarly, medicine and health started to be the focus point of sociology just after the last period of first world war through to the second world war, but an intensive development of medical sociology started only around 1960-1970 during significant economic, social and political changes in societies of developed countries (Pescosolido, 2010). However, medical sociology in Nigeria and other African countries is gaining more awareness as well as becoming a public health specialty with new insight that open much wider horizon and scope of health care research, and thus significantly greater possibilities for more profound analysis of health care problems such as physician patient relationship, sedentary lifestyles, social construct of health, social psychiatry as well as gender and health.

Also, an important contribution came from 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. 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 (Hafferty & Castellani, 2019).

Furthermore, the development of medical sociology formally began just after the Second World War II as western countries were making attempts to aid third world countries that were suffering great losses due to infectious diseases (Amzat & Razum, 2014). Despite the reputation of western superiority in medicine, science, and culture, the physicians and public health experts who directed international projects were soon confronted with noncompliance on the part of those they sought to help. Clinics were under-utilized, instructions to boil water were ignored, and in other ways 'target populations' failed to comply with professional advice (Whitaker, 2006). Naturally, people began to wonder why the locals were not accepting their help. Project workers were usually convinced that local

traditions were riddled with superstitions that subverted their efforts to introduce rational behaviour based on scientific medical knowledge. The problem, as they saw it, was a conflict between modernity and tradition, rational and irrational cultures. Hence the need to understand the social construct and context of health (issues of health) by sociologists became paramount and led to further research in response to tensions felt in society and then proceeded to analyze and interpret them. This is because the extension of medical care to the general populace brought with it many problems of social organization of intrinsic sociological interest and technical advances that have added to the range of socio-ethical problems.

Also, the academic discipline evolved as an area 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. Bounteous 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*.

Today, about one out of every ten sociologists is a medical sociologist (Nunes, 2016). Medical sociology has evolved to the point today that it investigates health and medical problems from an independent sociological perspective. Medical sociologists now encompass one of the largest and most active groups doing sociological work both in developing and developed countries and the field has expanded to other regions as well.

Philosophical Development of Medical Sociology

The philosophy of a discipline is the systematic study of the foundations and periodization of a field of study; it simply identifies the wave of scholarship and movement of the subject matter. The practice of medicine has been in existence since time immemorial and all societies have healers of one or more kinds, often involving the use of herbs in a non-orthodox manner as well as the process of consulting herbalists, priests, witch doctors, medicine men and various local deities when seeking a solution to diverse illnesses. The pharmacological treatment of disease began long ago with the use of herbs (Schulz, Hansel & Tyler, 2001). Modern western medicine however took over from traditional medicine years back.

The foundations of medical sociology as categorized in the period before, between the two world wars and after were hinged on various philosophies that consolidated its development as identified below by the researcher:

i. Traditional - Observational Philosophy: Before the World War

This was the prevalent philosophy before the First World War. This period relied more on observation than scientific procedures. Traditional medicine was viewed as a combination of knowledge and practice used in diagnosing, preventing, and eliminating diseases. This could rely on past experience and observations handed down from generation to generation either verbally, frequently in the form of stories, or spiritually by ancestors. Traditional medicine is sometimes associated with shamanism, witchcraft, supernatural and magical powers for healing. Some other types of treatment involve the use of plant and animal for treatment (Huffman, 2003). According to Okeke, Okafor and Uzochukwu (2006) diseases mostly revolve around witchcraft, sorcery, gods or ancestors. Illness in most cultures before the world war is different from the allopathic western medicine point of view. Illness is believed to be of natural, cultural, or social origin (Tanaka, Kendal, & Laland, 2009). For example, in the Nigerian society, prior to the discovery of modern medicine, children who were prone to frequent illness were usually referred to as bad omen to a family and no effort was made to find a scientific reason for this condition. However, modern development in medicine has shown that these cases are related to the sickle cell anaemic condition.

ii. Innovative scientific Philosophy: During the World Wars

The period between the two world wars was a time of growth and institutionalization, which brought about the innovative philosophy. During this period, there was a shift from general medicine to more specialized areas such as surgery and social psychiatry.

Similarly, Bloom (2002) state that these decades also saw the development of social psychiatry and the social ecology of disease. A physician pioneered the former, but in close association with social scientists while some built on the primary sources of empirical sociology at Chicago to apply the most advanced survey methods of sociology to the social epidemiology of mental disease (Deutsh, 2007). All of these activities promoted the work and the development of sociologists and physicians during this period.

Therefore, the innovative philosophy brought about two remarkable historical events that produced a more elaborate style of inquiry about health issues. First was the relationship between social scientists and physicians working together for a better scientific research to formulation of policies. Secondly, was the development of miracle drugs such as penicillin and the expansion in the healthcare system to cope with present demands that were the outcome of bombing and disruption in the

social system in the form of laboratories, mobile paramedics and blood transfusion (Bradby, 2012). As time went on, the period witnessed great depression as the cooperation between sociology and physicians had lots of inadequacies, hence leading to the solution oriented philosophy.

iii. Solution-Oriented Philosophy: After the World Wars

The solution-oriented philosophy came as a result of the inadequacies of the innovative philosophy. This period was determined to build a better future; it was a period after the Second World War towards post world war. During this period, scientific medicine was viewed as playing a key role in relieving society of its burden of disease, disability, premature death and depression through the appliance of innovative technology and pharmaceuticals (Booth, Robert, Thyfault, Ruegseger & Toedebusch, 2017).

Again, the formation of the National Health Service (NHS) was a key to the commitment to a happier, healthier future and was accompanied by the introduction of family allowances and the education act that made schooling available to all 5–15 year olds. Meanwhile, a revolution in manufacturing was in full swing that would bring unprecedented change to domestic life, with the arrival of cars, televisions and washing machines for the masses. The NHS was established shortly after the Second World War in order to make medical care available to the entire British population, free at the point of delivery (Bradby, 2012).

The ideal was that an adequate service would be provided for all, regardless of their social position, and it was assumed that such universal care together with public health measures would result in a decrease in the population's need for healthcare. The NHS has been described as representing a compromise between the principles of traditional medical authority and rational public administration (Klein, 2000). Having bought out the existing system, without much in the way of re-organization or reformation, the inequities of the pre-NHS healthcare system persisted; London was very well served with hospitals, with few in the north, east and west of the country where they were confined to the cities.

There was increased availability of federal funding which engendered social and joint research projects between sociologists and medical doctors, thus health related research emerged (Dunlap & Brulle, 2015). Also, with availability of fund and growth in technological development, leaders in medicine, public health and social science began to sense an urgency to assess fund and create policy independently which led to the genesis of the Committee on the Costs of Medical Care (CCMC) and Ogburn committee for social scientists in the United States. The creation of the Ogburn Committee was a high point for vital preparation for the history medical sociology.

Medical Sociology in the 21st Century: Current Status and Prospects

Medical sociology in the 21st century is far more organized in its general approach to medicine and health issues. The field is also far more organized in holding of conferences and publishing of articles with its own journals all over the globe. Thus medical sociology is now a self-conscious and organized body enunciated in the main stream of sociology, but at the same time conscious of the importance of their continuing relationship with doctors, nurses, other health care professionals, workers and patients

Hence, the field is in a fast intellectual development phase with increasing subdivisions and encapsulating related themes and mainstreaming other fields and disciplines (Oluwadare, 2018). It explains the etiology, development of the discipline and its focus on the central perspective of understanding and describing health of the people and society.

Also, two notable issues shape the perspectives of medical sociology in the modern world. The first is globalization. It is clear that the world in which we live is going through major transformation. This is particularly true of health and health care. We now live in a world where the spread of disease is global and where the poor health of one country affects the well-being of others, as is evident in the recent Ebola epidemic and coronavirus pandemic. Global financial markets and economic competition are challenging the ability of business and governments to provide affordable health care. As such, we can expect that as globalization increases, so will its importance as a major theme in medical sociology (Bury, 2005).

The second and related theme is “complexity science.” As argued by a growing number of scholars, and due to key factors such as the information revolution and globalization, an emerging theme within 21st century science is complexity (Bloom, 2002). One example is the study of complex health networks. While this perspective has been an important part of medical sociology since the 1970s, primarily in terms of explaining the role that social support and kinship networks play in promoting health and well-being, the latest advances in the study of complex networks (e.g., small worlds, scale-free networks) are providing new insights into the processes by which diseases spread and the ways that health care providers can improve the health and well-being of large populations. As these two new themes suggest, the theoretical framework of medical sociology continues to change to meet the new and contextually grounded needs of health care providers and patients. Medical sociology is and remains a theoretically rich area of study.

Furthermore, medical sociology has established itself as a strong subfield of sociology and removed itself from being a subordinate to medicine. The shift from acute to chronic diseases strengthens the significance of sociology to medicine because of the key roles of social condition and social behaviour in the prevention, onset, and management of chronic disorders. Medical sociologists are more relevant in the analysis of social conditions of health than physicians. Medical sociology has focused extensively on issues relating to clinical medicine and health policy. Also, success over the years in

medical sociological research has promoted the professional status of medical sociologists in the analysis of the social patterning of health.

Medical scientists have increasingly come to the realization that a number of significant health care issues are outside the walls of the hospitals, pharmaceutical and medical laboratories. Clausen (1963) observed that it has become apparent that “the understanding of health and disease requires a holistic approach in which the social and cultural aspects of human behaviour are appropriately related to the biological nature of every human being and the physical environment in which we live. In short, there is an unprecedented socialization of medicine, a term used by Barbour (2011) to describe how sociology has come to shape the profession of medicine, and to add to it, how sociology shapes the understanding of health and illness in the society.

Medical sociology is growing in strength and importance in Nigeria like in other African countries (Gilbert, 2012). There is a growing understanding that social issues are relevant and significant in explaining societal health in Africa.

With the rate at which conferences and research are being carried out, the number of medical sociologists in Nigeria and across the globe is likely to increase which will further engender medical sociologists in Nigeria to have a much better opportunity in future to work with more health interventions, and partner with their contemporaries from other continents in addressing international health. Medical sociologists will also in the future have a healthier collaboration with health workers, government and non-governmental organizations (NGOs) to address social determinants of health across the globe. Likewise, there are many social science institutes in Africa such as the Council for the Development of Social Science Research in Africa (CODESRIA), which has incorporated health discourse as a priority. Hence, the need to encourage the government to provide funds for research as well as the creation and access to health institutes to train and offer grants to young sociologists interested in health issues in Nigeria and other African countries.

Theoretical Framework

The study adopts the theory of professionalism by Hafferty & Light (1995) and Hafferty and Mckinlay (1993). The sociological study of professions and occupations has a lengthy and more detailed past which dates back to the turn of the century (Carr-Saunders and Wilson 1928). Contemporary debates of medical professionalism are linked to Parsons and his conception of medical dominance and autonomy as essential for the wellbeing of both patients and society. Meanwhile, medical sociology has been engaged in an extended examination of American medicine’s claim to be a profession and the extent to which medicine has been able to maintain and live up to this claim. More

so, medical sociology has examined the impact that medicine's professional status has on the lives of physicians and patients, as well as also on the entire issue of how work is organized relative to free market and bureaucratic organizational forms (Freidson, 2001).

According to the sociological analysis of medicine as a profession, medicine has gone through four major transformations: professional reform and rise (1890s–1930s), professional dominance (1940s–1960s), de-professionalization (1970s–1990s) and organized medicine's efforts to reclaim and redefine its professional status (1990s- 21st century)(Castellani & Hafferty, 2006). Therefore, this theory helps to understand the extent sociologist have gone in examining health issue from antiquity till the present. It also shows how sociological analysis of medicine as a profession passes through various development which to some extent has shaped the profession to what it is in the present century.

Conclusion

The study has examined the birth and philosophical development of medical sociology and the scope of medical sociology. The study also converses the status and prospect of medical sociology in the 21st century. Findings from the study reveal that medical sociology emerges in the late eighteenth century and early periods of the nineteenth century. The academic discipline over the years has gone through institutional, intellectual and philosophical developments which have shaped and modify issues of health in general. Medical sociology emanated during the impact and changes of health care during the First and Second World War. The study revealed the development of medical sociology in three philosophical stages: Traditional observational philosophy, innovative scientific philosophy and solution oriented philosophy. Lastly, the study adopted the theory of professionalism to help future readers understand the transformation of medical sociology since the 1800s till date. In conclusion, it is clear that medical sociology has a steady rise and has grown to produce full blown researches with the discipline taking it position in society to shed more light on socio-cultural issues as it affects health with wide opportunities for development

Recommendation

The paper recommends medical sociologist and physicians to engage in more communal research to exchange ideas in their areas of competences to improve on the applications of social context of health and issues of health care. Also, since medical sociology is still a growing field in Nigeria, more collaborative research should be encouraged to solidify the status and prospects of the field in Nigeria.

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