

History of Medical Sociology

Subjects: [Social Sciences](#), [Biomedical](#)

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Medical sociology is an applied research subfield within the field of sociology that was developed in the 1800s. It uses theories and research to examine the social, cultural, and political factors associated with health, illness, and healthcare and to provide solutions to social problems associated with aspects of health, illness, and healthcare.

medical sociology

history

key major medical sociology theorist

medical sociology theories

1.1. 1880s–1930s

The emergence of medical sociology as a distinct academic discipline was a gradual process shaped by early contributions from physicians and intellectuals alike. John Shaw Billings, organizer of the National Library of Medicine and compiler of the Index Medicus, addressed issues of hygiene and sociology in 1879. However, it was Charles McIntire who first coined the term “medical sociology” in an 1894 medical journal article titled “The Importance of the Study of Medical Sociology,” emphasizing the role of social factors in health ^[1].

Emile Durkheim’s *Suicide* (1897) further laid a foundational framework by demonstrating how social structures influence individual health outcomes ^{[2][3]}. However, it was not until the mid-20th century—particularly the post-World War II era—that medical sociology gained institutional recognition, catalyzed by increased federal funding and theoretical advancements. A significant milestone in this maturation was Talcott Parsons’ 1950 introduction of the “sick role,” which formalized the interplay between illness, social norms, and role expectations, prompting a wave of scholarly engagement from sociologists ^{[4][5]}. These developments collectively shifted the field from its peripheral status to a core area of sociological inquiry.

The first collection of medical sociology essays was written in the early 1900s ^[6]. Elizabeth Blackwell, who was the first woman to graduate from an American medical school, was the first to publish a collection of essays ^[6]. James Warbasse followed by writing a collection of medical sociology essays in 1909 ^[6]. During the 1880s–1930s, the majority of the works produced about medical sociology were written and studied by physicians ^[6]. One of the most important contributions during the 1880s–1930s was from Lawrence Henderson, who was a physician that taught sociology courses at Harvard in the 1930s ^[6]. Henderson developed and published the structural functionalist theory in 1935 ^[6]. Henderson published the work to examine the patient–physician relationship as a social system ^{[6][7]}. Henderson also directly influenced Talcott Parsons, who became a leading figure in sociology ^[6]. Bernhard Stern was the first sociologist to extensively publish extensively on the field of medical sociology. He wrote the history of the role of medicine in society from the late 1920s to the early 1940s ^[8].

1.2. Post World War II

Medical sociology, as a distinct specialization within sociology, began to gain strength and prominence after World War II [9]. World War II highlighted the impact of social factors on health, leading to greater interest in sociological research related to medicine and healthcare. Studies have shown that wartime experiences such as displacement, hunger, and trauma had long-term effects on physical and mental health outcomes, especially among older adults in Europe [10][11]. This recognition of the social determinants of health contributed to the growth of medical sociology as a field.

Government agencies, particularly the National Institute of Mental Health (NIMH), and private foundations actively supported research and teaching in this area. The NIMH played a pivotal role in funding interdisciplinary studies that examined how social structures, cultural norms, and environmental stressors influence mental health [12]. Journals like the *Journal of Health and Social Behavior* have emphasized the importance of theoretical frameworks in understanding the interplay between social factors and health outcomes.

1.3. The Post Parsons Era

Medical sociology has undergone a significant transformation since its early focus on functionalism and the “sick role” introduced by Parsons. The field has expanded to incorporate a wider array of theoretical perspectives and research methodologies, enabling a more nuanced exploration of the intricate connections between social structures, health, and healthcare systems [13]. Important contributions to this evolution include Merton and his colleagues’ extension of functionalist analysis to medical student socialization (1957), notably highlighted by Renee Fox’s work on managing uncertainty in training [14]. A few years later, Becker and his associates introduced a symbolic interactionist perspective in *Boys in White* (1961), a seminal study on medical school socialization [15]. This study, lauded for both its theoretical insights and pioneering methodological approach, particularly its use of participant observation, significantly influenced subsequent research. The rigorous application of participant observation laid the groundwork for Glaser and Strauss’s groundbreaking research on death and dying, further expanding theoretical and methodological innovations within the field. These foundational works exemplify the shift in medical sociology towards a more diverse and critical understanding of health and illness within a social context [16][17].

1.4. Period of Maturity (1970–2000)

Between 1970 and 2000, medical sociology developed into a mature sociological subfield [18]. During this period, there were two major publications: Eliot Freidson’s work, entitled *Professional Dominance*, in 1970, and Paul Starr’s work, entitled *The Social Transformation of American Medicine*, in 1982. Freidson focused on his professional dominance theory to outline the level of professional control by physicians over the healthcare delivery system [18]. Starr focused on the reduction in status and power of the medical profession as a large corporate healthcare delivery system directed towards profit [18]. Another major work was Bryan Turner’s *Body and Society* in 1984, which expanded the discourse on the topic.

During the 1970s–1990s, medical sociology flourished and attracted numerous practitioners in all settings and resulted in numerous publications [18]. Major areas of study included the medicalization of deviance, stress, mental health, inequality and class differences in health, managed care and other organizational changes, healthcare utilization, AIDS, and women's health and gender [18]. Despite the success of medical sociology, the accomplishments of medical sociology caused the discipline a major problem in the 1980. Because of the success and notoriety of the discipline's methods, other fields, such as health services research, health economics, health psychology, medical anthropology, and public health, adopted the methods, began to compete for funding with medical sociology, and challenged the distinctiveness of medical sociology [18]. However, the field still maintained a good job market and graduate programs continued to thrive.

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