

1 Introducing Health Sociology

Learning Objectives

- Identify key parts of the history of the development of sociology of health in Canada
- Differentiate between sociology of medicine and sociology in medicine and between medical sociology and sociology of health
- Compare a critical health care perspective and a biomedical health care perspective
- Distinguish between health production and health consumption
- Discuss the rise of the health consciousness industry
- Outline the social determinants of health
- Identify three factors that shape sociology of health in Canada

Summary

This introductory chapter provides an overview of sociological perspectives on health. It specifically explores the meaning of good health and the social factors that contribute to the successful pursuit of health and wellness.

Pursuing Health and Wellness differs from other health texts in that its focus is on good health. Segall and Fries are specifically interested in unraveling the mystery of good health—“what keeps us well”. To do so, the authors draw on Atnonovsky’s salutogenic model of health that focuses on health promotion.

The book presents a critical sociological analysis on understanding the health of Canadians. To understand good health, we also need to examine the social factors that shape our health and wellness. Drawing on C. Wright Mills’ work, this book views health as a social construction, capturing the complex relationship between the individual and society. In terms of sociology of health, an individual’s health is in part an outcome of their gender, race, economic location, occupation, geographic region, etc.

Much of this chapter focuses on the transition from medical sociology to sociology of health and their respective differences. Medical sociology dominated throughout the 1950s and 1960s. Its focus was the study of organized medicine, health professionals, and what makes us sick. Topics typically covered included distribution of disease, experience of illness, doctor-patient relationships and health care delivery systems.

However, within medical sociology two dominant fields emerged: sociology **in** medicine and sociology **of** medicine. Sociology in medicine focused on research that the medical profession (medico-

centric) targeted as problematic, such as the ways to improve patient care. Sociology of medicine provides a theoretical framework in which to understand the organizational structures that shape relationships between health care providers and patient. The perspective provides a sociological rather than medical understanding of health care delivery.

Beginning in the early 1980s, health scholars abandoned the medico-centric approach of medical sociology, and health sociology emerged. Health sociology examined not only why people become sick but also what keeps them healthy such as social class, healthy lifestyle practice, and the individual's lived experiences. In addition, health sociologists broadened their approach in studying health to include a critical analysis of the social, political, and economic factors (social determinants of health) that explain health and illness. Topics include the effect of the work place (occupational differences, exposure to hazards, unsafe work conditions) and family life, specifically family violence.

Finally, in Canada, an important component of health sociology is a critical understanding of the health care system, focusing on the access and utilization of the health care system. Health sociology continues to develop and change. In recent years, the approach is more interdisciplinary spanning such fields such as nursing and community health.

Key Concepts/Terms

Biological determinism: The belief that human behavior can best be explained in terms of the innate biological properties of individuals, such as genes and biochemical processes (p. 6).

Consumer culture: A dominant characteristic of advanced capitalist society: that the consumption of goods and services makes statements about self-identity and location in the social world (p. 11).

Health consciousness: The degree to which an individual is aware of and attentive to health (p. 7).

Health sociology: Sociological analysis of social structures and behavioral practices that influence both personal and population health. This perspective focuses on good health as well as ill health and critically evaluates the link between sources of social inequality and health disparities (p. 23).

m-health: The use of mobile electronic technologies such as smartphones and specialized health-related apps to monitor and promote health (p. 10).

Medico-centric bias: A way of thinking about health, illness and the body that privileges the norms and values of biomedicine and the dominance of the medical profession in the health care sector (p.19).

Morbidity: The distribution of disease in populations (p. 81).

Pandemics: Epidemics that have spread to all regions of the world (p. 2).

Salutogenic model of health: A conceptual model introduced by Antonovsky to provide a guide

for identifying and understanding salutary factors that make populations healthy (p. 3).

Social determinants of health: Societal factors, such as life circumstances in which people are born, live, work, and age, that affect health (p. 24).

Social epidemiology: The study of social factors that place individuals and populations at risk for disease and illness (p. 15).

Sociology in medicine: The application of sociological perspectives and research methods to solve medically defined problems, such as finding ways to improve the effectiveness (p. 18).

Sociology of medicine: The critical application of sociological perspectives and research methods to improve theoretical understanding of social factors that affect health, such as the organizational structure in which patients and health-care professionals interact (p. 20).

Wellness: An inclusive concept that incorporates not only good health but also quality of life and satisfaction with general living conditions (p. 4).

Study Questions

1. Who introduced the salutogenic model of health and what does it describe?
2. What is biological determinism?
3. How does biomedical model measure health?
4. According to Foucault, why did medical and social science come about?
5. What issues are dominant in medical sociology?
6. What is medical consumerism?
7. What effects do media and the Internet have on health information?
8. Why are sociologists of health critical of medical sociology?
9. What other social institutions influence the services provided by health-care practitioners?
10. What are social determinants of health?

Explore and Discuss Questions

1. How does sociology of health differ from sociology of medicine?
2. What is the difference between sociology of medicine and sociology in medicine?
3. How is health a social construction?
4. Are you health conscious according to the measures of health consciousness? How does health consciousness develop?
5. The authors claim that there is growing evidence that the value we place on health is growing. Do you agree or disagree? What other values conflict with valuing health?

6. Do you use your mobile phone or any specialized apps to monitor your health? Which apps do you use and why?

Further Exploration

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Recommended Websites

1. **Med Broadcast**

A Canadian website with health news, health tips, and medical research.

www.medbroadcast.com

2. **Public Health Agency of Canada**

Public Health Agency of Canada promotes and protects the health of Canadians through leadership, partnership, innovation, and action in public health.

www.phac-aspc.gc.ca/chn-rcc/index-eng.php