

Medicine, Health and Illness

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Margaret Stacey and Hilary Homans (1978)

[The Sociology of Health and Illness: Its Present State, Future Prospects and Potential for Health Research.](#)

Sociology 12, 2: 281-307

Rory Williams (1983)

[Concepts of Health: An Analysis of Lay Logic](#)

Sociology 17, 2: 185-205

Michael Bloor (2002)

[No Longer Dying for a Living: Collective Responses to Injury Risks in South Wales Mining Communities, 1900-47](#)

Sociology 36, 1: 89-105

Bill Hughes, Linda McKie, Debra Hopkins and Nick Watson (2005)

[Love's Labours Lost? Feminism, the Disabled People's Movement and an Ethics of Care](#)

Sociology 39, 2: 259-75

Nick J. Fox (2011)

[Boundary Objects, Social Meanings and the Success of New Technologies](#)

Sociology 45, 1: 70-85

BSA journals offer plenty of material for those interested in how sociologists of disease, doctors, healing, bioscience, technology and health have pursued their empirical, theoretical and professional interests over the last 60 years. The development of a distinct identity and its negotiation with both sociology and medicine has been an important aspect of the development of the sociology of medicine, health and illness (e.g. Reid 1976). From 1970 a Register of Research and Teaching entitled 'Medical Sociology in Britain' was published every 4 years, with the last edition appearing in 1998 (by which time online information had largely superseded its function). Holding 'its own conference, publishing its

own research register and about to launch its own journal' the BSA Medical Sociology Study Group was described as a well-organised group of scholars, conducting robust research closely linked to policy outcomes (Stacey and Homans 1978, 281). The about-to-be launched journal was the 'Sociology of Health and Illness', which has been publishing theoretical, methodological and empirical work since 1979, and yet this has not prevented key papers appearing in BSA-owned journals over the same period of time - testament to the vigour of this field.

From the various stories that could be told from the pages of the BSA journals, here are five papers that offer snap-shots illustrating the ambition of critical sociologists of health and illness to develop a coherent body of work. The first paper selected is a description of the state of play in what was then known as medical sociology, 34 years ago (Stacey and Homans 1978). Margaret Stacey and Hilary Homans outline some of the challenges for and aspirations of their community of researchers, which can then be identified in subsequent papers. As a distinct sociology of health and illness has developed, scholars have also sought to breach emergent sub-disciplinary boundaries in the pursuit of critical and creative analysis.

Drawing on a systematic survey of published work, Stacey and Homans devise a taxonomy of substantive themes and theoretical frameworks to describe the state of play in the sociology of health and illness, much of which remains familiar and relevant. The authors' preoccupations with the development of the sub-discipline offer interesting continuities with our current times. The paper describes 'administrators' as key players in determining research agendas and in instigating research to solve specific organizational problems, implying that civil servants' willingness to commission sociological research might lessen 'in more difficult economic circumstances' (Stacey and Homans, 1978: 284). The sense that the US led where UK sociologists followed, as in US sociologists' early interventions into the field of bioethics, has persisted, as has a sense that practice rather than theory led the development of the sub-discipline. Having practice at the heart of a developing sociology of health and illness was, for Stacey and Homans, entirely appropriate and they depict the 'many cross-threads in theory and methodology' as contributing to a cooperative and constructive scholarly community which is 'open to the lessons and approaches of others' and so able to avoid 'a sterile and unthinking conformism' (Stacey and Homans, 1978: 294).

The paper (subtitled 'Present State, Future Prospects and Potential for Health Research') makes a plea that the sociology of health and illness should continue to concern itself with the problems of domination and subordination and of suffering. The social relations of health and illness are proposed as unusual compared to other types of social relations because of the role that suffering inevitably plays. In the analysis of suffering, and elsewhere, the paper asserts that the sociology of health and illness can contribute insights to general sociology as well as to the more applied task of informing policy.

Stacey and Homans make the case for quantitative work being integrated with

qualitative approaches and for cross cultural comparisons as having great potential for sociological insight. Rory Williams fulfils these aspirations with his 1983 paper 'Concepts of Health: An Analysis of Lay Logic'. A painstaking logical analysis of the dimensions of health is undertaken, comparing health as an absence of disease, strength, weakness, exhaustion and functional fitness, as discussed by elderly Aberdonians in interviews. This qualitative analysis is integrated with structured interview material from a random sample of the same age group and subsequently compared with material from a similar Parisian study and the variation in emphasis is related to specific practices in medical consultation (Williams, 1983).

A concerted effort to establish sociological concepts of health and of illness, along the lines explored in Williams' paper has established what we now recognise as a distinct field of enquiry. While dealing mostly with contemporary material, sociologists of health and illness have sallied forth to engage critically with historical material and with concepts employed in policy and in sister disciplines. The characteristically wide-ranging interest of the sociological imagination leads to engagement across a broad terrain, using a variety of methods and materials.

Mick Bloor (2002) uses historical material in order to make an apposite critique of a Blairite concept. Drawing on documentary evidence from the South Wales Miners Library, Bloor interrogates what constituted collective health behaviour in the first half of the 20th century and, especially, collective attempts to reduce the dangers of working in pits. The assessment of miners' documented ability to reduce the health-threats of their employment is then used to critique the New Labour use of the concept of social capital. The context of the miners' efforts to reduce the dangers of their working environment was as part of a wider class struggle, rather than the promotion of civic engagement divorced from a concept, let alone analysis, of class.

Considering another contested concept, are four authors collaborating to find a means of addressing 'care' that is acceptable to both feminist and disability activist scholars (Hughes et al 2005). Feminist thought has tended to focus on the care-giver and to view the caring relationship as potentially embodying a 'genuine intimacy and reciprocity that cannot find expression in a society dominated by the male imaginary' (Hughes et al 2005: 260). By contrast, in disability studies, the recipient of care tends to be the focus and organized care is often viewed as 'a significant barrier to the emancipation and independence of disabled people' (Hughes et al 2005: 260). This paper seeks to transcend what is described as

the binaries of an analysis derived from clear and distinct gendered subject positions and embodied political standpoints of feminism and the Disabled People's Movement by arguing that the relations of care draw all those involved in it into a feminized social space (Hughes et al 2005: 260).

The authors note that the feminization of care in a phallogocentric culture means that participants in the caring relationship, whether givers or recipients of care and regardless of their gender identity, are necessarily subordinate. Using the work of Luce Irigaray, the authors argue that a mutually beneficial ethics of care is possible. Supporting 'the feminist voice in disability studies' and showing that 'both disabled people and women are constituted as marginalized subjects in caring relationships' Hughes et al (2005: 259) recommend that disability activists and feminists take on their common struggle for 'an ethics of care that is founded upon embodied interdependence' (Hughes et al 2005: 260). Whether or not the attempt to overcome the contradictions between feminists' and disability activists' conceptions of care is considered successful, undertaking to build a 'discourses bridge' between feminist and disability perspectives on care (Hughes et al 2005: 271) is laudable.

Like Hughes et al (2005) Fox (2011) takes aim at a concept routinely used in a sister discipline and, like Bloor (2002), he draws on a historical struggle, in this case between **antiseptic** practice in surgery (killing germs in the operating theatre during surgery) and **aseptic** practice (excluding germs from the outset, prior to any operation). The notion of a 'boundary object' has been important in studies of the adoption or otherwise of new technologies. Fox describes how

Sociologists can play a role in unblocking stalled innovation, strategically altering the meanings that an object has for a recipient community, by working with its members to manage adoption (2011: 82).

Boundary objects are 'representations, abstractions or metaphors that have the power to 'speak' to different communities of practice' (Fox 2011: 72) thereby promoting the communication across those communities to facilitate the adoption of new technology. Fox considers resistance to and support for new technologies, with reference to boundary objects themselves and the underlying social meanings they supply with respect to the adoption of aseptic and antiseptic practice in surgical theatres. Lister, usually credited as the father of surgical **antiseptic** practice, introduced technical innovations including carbolic dips and spray over the operating space, which were largely rejected by his contemporaries. By contrast, a rival regime of **asepsis** has become the norm in operating theatres: rather than seeking to kill microbes during operations using dips and sprays, their pre-emptive exclusion from the operating space through the use of sterile surgical garb, heat sterilization of instruments and drapes, was rapidly adopted. Fox interprets the contemporary resistance to Lister's antiseptics as arising from the carbolic sprays and dips communicating that the 'surgeon's physical intervention during an operation established her/him as part of the problem of, not the solution to, post-operative morbidity' (Fox 2011: 81). By contrast

Clean clothes, spotless operating furniture and instruments and a reverential atmosphere around the operation all served not only to protect the patient, but

also to elevate the surgeon to the status of high priest of sterility (Fox 2011: 82).

Over the past 60 years, the sociology of health and illness has grown to be a significant constituent of the wider discipline. Sociological insights have regularly been adopted by practitioners and policy makers and entered everyday discourse with consequences that are not always clear. Scholars continue to exchange theoretical ideas with neighbouring disciplines and to apply ideas to historical as well as contemporary material in pursuit of analytic acuity and novelty. The best of this work recasts everyday, taken-for-granted practice by examining the distribution of power and influence to show whose interests are served by perpetuating 'common sense'. As well as continuing to interrogate concepts, theories and practice, scholars must bear a responsibility for keeping track of how our insights are used in the wider world.

Stacey and Homans note that the powerful insights which sociological analysis can offer to health care workers may be used for good or ill and that 'Sociologists will have continuing responsibility to see how the fruits of their labours are applied' (Stacey and Homans, 1978: 302). Attention to the unintended consequences of sociological research which might contribute to magnifying inequalities, perpetuating suffering and creating injustices in the social world is a story that remains largely unexplored in the published literature.

References

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