



Medical Sociology: Theoretical Framework And Its Relevance.

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Abstract: Medical sociology is a branch of sociology that studies and analyzes the functioning of medical organizations and institutions and how social and cultural variables influence the fields of health and medicine. It is also called sociology of health. It helps to generate information about different approaches, actions and interactions of medical professionals and the socio-cultural implications of medicine. Health is sometimes seen as only or mostly a biological or individual problem with little effect on other people or society. That view is that the primary determinants of health are either entirely biological or entirely dependent on the individual. Most diseases can have completely biological roots, sociologists believe that the picture is more complex. Illness can be classified not only as a medical problem, but also as a social or psychological problem. Diseases can also be caused by existing social structures, an individual's lifestyle, social identity, experiences etc.

Keywords: Medical Sociology, Theoretical Framework, Relevance, theories of medical sociology

Introduction: The sociological field of study that focuses most on health and medicine is evolving because of the increasing worldwide issues. A few of the conventional techniques, paradigms, and theoretical views should be assessed for their applicability as the demand for change grows more urgent. This article's goal is to reflect on this matter and investigate what might be done in response to recent advances in science and society. As medical sociologists, we contend that more creative methods and better research topics would help us to respond to situations more quickly. We believe that the potential of multidisciplinary and translative activity in particular is still unrealized. Long established as a significant area of sociological study is the sociology of health and medicine. There has been ongoing discussion throughout the years not only within general sociology but also in other scientific disciplines, most notably medicine and, more recently, economics and social policy research. The sociology of health and medicine now has more robust theoretical and methodological frameworks as a result. Even though the topics of research inquiries have generally changed from one era and paradigm to another, the number of research themes has survived and acquired new nuances. There are still many unanswered problems, such as those concerning the social, medical, and financial circumstances of the ageing population. Additionally, even though overall health has continued to improve, there are still health inequities and their new expressions. Among the more recent events that have

a significant impact on the interests and discourses in the field of sociology of health and medicine are climate change and global migration, as well as the implications of digitalization and new technologies on work, work-life balance, health, and services.

Objectives and methodology of study

1. To identify the importance of medical sociology.
2. To explore the theories related with medical sociology.

This paper is based on secondary sources of data. An extensive literature survey has been done. Secondary data is collected from different sources including books, research papers and websites used for the purpose of study.

Historical background of medical sociology.

In the work of Bloom (2002) titled *The Word as Scalpel: A history of Medical Sociology*, the roots of medical sociology were traced to the department of sociology, University of Chicago in the 1920s and 30s. Subsequently, the discipline came to be more developed at the Harvard, Yale, and Columbia. The functionalist's perspective was the earliest theoretical underpinning of medical sociology and where scholars such as Parsons and Merton all made tremendous contributions to its development. In fact, the earliest contributions were more related to mental health and illness during the Second World War.

In addition, the American Sociological Association functioned for many years as the field's professional body and it eventually launched its *Journal of Health and Social Behaviour* in 1959. Afterwards, since the year 1980, the field of medical sociology became integrated in sociology departments around the world and in few medical centres. Essentially, the discipline developed as a response to changing patterns of disease from acute medical conditions to life-style related diseases. Furthermore, the complex organisation of healthcare systems is an added impetus. This is the brief on the historical background of medical sociology. Strauss (1957) moved to distinguish and cut out the boundaries of medical sociology which led to the introduction of the following classifications:

- (i) Sociology of Medicine mainly focuses on the socio-structural organizations of the health system, considering it as an important social institution. It is mainly done or carried out by sociologists. It can simply be described as an attempt by sociologists to study the health institution, the relationships between its employees, and its impact on providing quality health care services to the people.
- (ii) This is a subfield that serves the social study of disease. It focuses on how certain diseases are socially perceived, constructed, and how social forces respond to them. In principle, it can be said that it is a sociologist's study of diseases and medical conditions, and also of the factors affecting treatment.

This area includes medical sociologists but are not limited to the following:

- a. Sociocultural responses to health and illnesses
- b. Patient-doctor relationship
- c. Health services utilisation
- d. Social aetiology of diseases.
- e. Social epidemiology.
- f. Social psychiatry and mental health and illness.
- g. Health inequalities; etc.

In this regard, Steve (2015) suggests that health sociologists are usually engaged in any of the following government or non-governmental organisations:

- a. Universities/research institutes
- b. Non-governmental organisations
- c. Healthcare institutions
- d. Health Maintenance Organisations (HMOs); etc.

Based on the wide scope of medical sociology beyond the limits of the social etiology of disease described above, the nomenclature of the discipline has changed from medical sociology - which is relatively narrow - to health sociology, which is broader and more inclusive. issues discussed above (Steve, 2015).

Erinosho (2006) argues that the importance of medical sociology can be assessed in three separate but interrelated stages. The stages are pre-patient, treatment and follow-up patient. The field of medical sociology is important to society in the following ways:

(i) This allows for a deeper understanding of the dynamics of disease etiology, especially from a sociological perspective, where the social factors responsible for a particular disease are revealed and treated appropriately.

(ii) Regarding labor relations, the field of medical sociology needs time to study health care facilities and the relationships between medical and non-medical personnel working in health facilities. These relationships are sometimes bitter and sometimes smooth.

(iii) In addition, the field of medical sociology helps the discipline of social epidemiology to provide the necessary information to understand the roots and causes of diseases and their spread from a sociological perspective, which fills the knowledge gap created by biomedical theories.

(iv) In addition, medical sociology examines the socio-political organizations of societies and their impact on the health systems of countries. In other words, it creates a link between the social structure of the society and the provision of health services. With the help of medical sociology, the role of culture in the prevention and treatment of diseases is better understood. This justifies why traditional medical practices are taken seriously in the field of medical sociology.

Major theories of medical sociology.

Talcott Parsons (1951) published a groundbreaking work with a section on the application of functionalism in medical sociology. He dedicated a substantial part of his work to the elaboration of the sick role, explaining the social trajectories of the sick within the social system and how the health institutions can support individuals to return to normal roles in the society. Parsons recognized the relevance of medicine for the society and drew attention to illness as a form of social deviance and the importance of sick role as a mechanism of social control (Freidson 1962; Stacey and Homans 1978). This is the first conscious application of sociological theory in the understanding of human illness. The sick role concept facilitated the expansion of other areas of research including the patient-physician relationship, illness behavior, medicalisation of deviance, and medical professionalism (Hafferty and Castellani 2006). The works of Freidson (1961a/1962, 1961b) and Mechanic (1966, 1968) also promoted the relevance and understanding of medical sociology.

Conrad (2007) described Eliot Freidson's works as revolutionary in medical sociology. Freidson (1961, 1970a, 1975) devoted his time to the study of professionalism and professionalisation in medicine which presents a comprehensive view of the social and professional dynamics of medicine with a particular reference to how disease and illness are constructed, power relations between the physician and patients, division of labour, ethical conducts, increasing commercialism, and bureaucratic control in medical practice. Freidson's works were landmarks in the development of medical sociology. He practically demonstrated the relevance of sociology in medicine and health studies in general by situating his studies within applied domains.

Functionalist theories related with medical sociology (also known as the consensus paradigm) is a body of theories in social sciences in general. It is particularly the oldest theoretical tradition in sociology. It is dated to the works of August Comte (1798–1857), who coined sociology in 1838; *Positive Philosophy* (Comte 1896); *Rules of Sociological Methods* (Durkheim 1897); *Principles of Sociology* (Spencer 1896); and many other scholarly works. Functionalism is an approach that uses organismic analogy to explain human societies and social phenomena. The central concern of functionalism is how to maintain social order, equilibrium, or stability in human society. Social order means a state of normality in human society, especially when social institutions are functional and maintained for the continuous benefits and existence of the society (Amzat and Omololu 2012). It is important to understand the philosophical, epistemological, and intellectual foundations of functionalism. Functionalism grew with the rise of empiricism, rationalism, and, in general, the scientific revolution. First, functionalism is a realist tradition. The realists (also called essentialists or objectivists) believe in the reality of social existence and phenomena. To them, whatever exists is real and can be studied objectively and empirically. Health problems are a part of the realities of social existence.

Talcott Parsons in his book 'Sick Role' (1902–1979) analysed the works of Comte, Spencer, Durkheim, and Weber (among others), and he was particularly influenced by the ideas of these founding fathers of sociology. In his major work, *The Social System* published in 1951, Parsons introduced the concept of the sick role. The model of the sick role was the first theoretical concept that explicitly concerned medical sociology and enhanced the place of medical sociology in the mainstream of sociology. The model was primarily designed to explain illness behavior. Like other functionalists, Parsons was interested in value consensus and social order. His key focus is how social interaction/action produce social order. Parsons sought to analyse individual behavior in the context of large scale social systems (Bradby 2012). The individuals are primary units that contribute to the society in terms of the roles performed. Unfortunately, a high prevalence of illness is dysfunctional for society (Parsons 1951), preventing people from fulfilling their social roles. This influences the wider functioning of the society.

Conclusion: Medical Sociology or Sociology of medicine is a rich and diverse field with its short history, which has suffered a considerable amount of institutional and spiritual development. Some of those changes were good, as they will be in the future application of sociological theory in the field. In various fields of medical activity, more and more attention is paid to the social aspects of these activities (both at the level of the individual and of society), and there is a transition from applied sociology to medicine. Despite the stagnation in the development of a separate discipline of medical sociology, research in recent years shows clear convergences with modern research questions and methods that exist in today's world. Such trends show that the Lithuanian academic circle is rapidly approaching the common scientific standards prevailing in the globalizing world.

As we mentioned, the state of health closely affects human society. Multiple factors, conditions and dimensions are responsible for the development of society and man. Durkheim argues that social life is impossible without shared values and moral beliefs that constitute a "collective" conscience". Like Durkheim, Malinowski defines certain areas of social life. What is religion strengthens social norms and values and promotes social solidarity. Anxiety and tension interfere with social life. Situations that trigger these emotions include "life crises" such as marriage, puberty, birth, and death. Malinowski points out that in all societies these life crises are surrounded by religious rituals. So the comfort and support of society (its norms, rituals) govern health care and diseases. Quality of health and health care is defined by a conflict-based approach. The functional approach emphasizes the fact that the correct health care and good health are key factors in the development and functioning of society. Internationalist The perspective emphasizes that health and illness are social constructions, physical and mental states are less so. important Thus, one aspect of the sociological perspective on health is holistic and conceptualizes interpretation mind, body and society.

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