

The Rise and Fall of Theoretical Paradigms in Health and Medical Sociology: 1960-2009

Fran Collyer, PhD

Sociology and Social Policy

University of Sydney

Email: Fran.Collyer@usyd.edu.au

Abstract

A content analysis of the publications of Australian sociologists since 1960 addresses international debates over the 'theoretical impoverishment' of the sub-discipline of the sociology of health, illness and medicine. The results of the study offer a challenge to these concerns, pointing to a robust and constantly developing sub-field, well-integrated within the parent discipline, and characterised by a healthy application of core theoretical frameworks.

Keywords: disciplines, sociology of health and medicine, theoretical frameworks, knowledge, social change

Introduction

In the first few decades of the emergence of the disciplinary sub-field of health and medical sociology, concerns were often raised about its 'applied' nature. These views developed into a lively debate about sociology *in* medicine versus the sociology *of* medicine, with the former said to be less likely to involve the application of sociological theory and concepts. This particular characterisation of the problem was instigated by Robert Straus (1957), but it led others to consider the possibility that the sub-field might be theoretically impoverished (e.g., in Britain, Stacey and Homans 1978; Johnson 1975; Murcott 1977; Scambler 2005:3; and in the USA, Gold 1977; Cockerham 1983; Light 1992:911; Pescosolido and Kronenfeld 1995). Similar concerns have been raised in Australia within the various reviews and assessments of the sub-field (Ward 1979; Willis 1982, 1991; Lupton 1993; Manderson 1998; Willis and Broom 2004). In the 1970s for example, the 'bulk' of the work of

medical sociology was pronounced ‘medicocentric’ and ‘sterile’, cut off from its links with sociology itself (Ward 1979:19). In the 1980s, the assessment of the sub-field as ‘theoretically impoverished’ was reiterated (cf: Willis 1982:147), repeated in the 1990s (Willis 1991:50-1) and reappeared a decade later (Willis and Broom 2004). Despite these somewhat pessimistic observations of the state of the sub-field, all reviews have identified trends in the development and application of various theoretical frameworks, indicating a need to investigate the extent to which sociological theory is developed or applied in this sub-field. The current study seeks to address this matter, offering a systematic analysis of Australian health sociology publications since 1960, so that we might reflect on these past evaluations of the field, and, perhaps more importantly, indicate the points at which specific sociological theories and perspectives emerged, flourished or disappeared from view.

The Research Study, Design and Method

This study of theoretical change in the sub-field of the sociology of health, illness and medicine is based on a content analysis of publications by Australian-based authors between 1960 and 2009. The 1960s were considered an appropriate beginning for the study, as this was the decade by which medical sociology in the United States had completed a process of institutionalisation according to the criteria laid down by Shils and Ben-David (Bloom 1990:6). The study population of 468 papers was drawn randomly from several relevant journals, particularly journals focusing on the sociology of health, illness and medicine. These included the *Health Sociology Review (HSR)*, produced from 1991, initially under the name of the *Annual Review of*

Health Social Science; and the *Sociology of Health and Illness (SHI)*, started in 1979. In order to ascertain trends during the 1960s and 70s when few sociological journals of health, illness and medicine were produced, more general sociology and social science journals were also included (i.e., the *Journal of Sociology*, started in 1965 with the name of the *Australian and New Zealand Journal of Sociology*, and the *Australian Journal of Social Issues*, started in 1961), as well as journals focusing on health or medicine (i.e., the *Australian and New Zealand Journal of Public Health* produced initially as *Community Health Studies* in 1977, and *Social Science and Medicine (SS&M)*, started in 1967). Papers from these journals became part of the data base where they satisfied the following conditions:

- 1) either the first or second author provided an Australian institutional or home address;
- 2) were broadly concerned with health, illness or medicine. This criteria was immediately satisfied where the paper had been published in a journal of health or medicine. Papers appearing in more general journals were considered to belong to this sub-field if they examined subjects similar to other papers published in SHI, HSR or SS&M; and
- 3) were broadly sociological. This criteria was satisfied if it had been published in a sociological journal. Papers appearing in a more general social science journal were selected only where the author was identified as a sociologist on the paper itself; where the author sought to apply recognisable

sociological concepts, theories or perspectives; used perspectives or approaches similar to other papers found in sociology journals of the same period, or, at the very least, focused very strongly on the ‘social’ aspects of health, illness or medicine. As a consequence of this definition, the study population includes a ‘core’ of strongly sociological papers, but also a small number of papers that fall in a ‘gray’ area between sociology and similar disciplines such as social epidemiology, social psychology or medical anthropology.

Given that the selection of papers for inclusion in this study was based on a broad definition of the sociology of health, medicine and illness, the resultant population enables an analysis of changing trends over time as the sub-field emerged and developed. A more rigid definition would not have allowed for this possibility, but rather imposed 21st-century boundaries upon past practices and understandings. The proportion of papers drawn from each journal is provided in table one. Note that papers from the health sociology journals predominate, and hence the editorial and peer review processes have largely determined the nature of the ‘field’.

Table One: The Study Population

Journals	Number of papers	Percentage
Health Sociology Review	207	44%
Sociology of Health and Illness	30	6%
Social Science and Medicine	27	6%
Journal of Sociology	99	21%
Australian and New Zealand Journal of Public Health	27	6%
Australian Journal of Social Issues	78	17%
Total	n=468	100%

Note: percentages may not total 100 due to rounding.

The journals were searched for their refereed research articles, plus any substantial rejoinders, commentaries and research notes. Book reviews, letters and editorials were excluded. Each article was coded according to its date, the demographics and institutional context of the authors, the paper's content, conceptual focus, theoretical framework, methodology, citation patterns, and research sponsors or granting body. Only some of these variables are examined in this paper. The statistical program SPSS was used to record and analyse the data.

The study has its limitations. The predominance of papers from *HSR* in this study population may have been noticed by some readers, but reflects the fact that the majority of Australian health sociologists have, particularly during the earlier decades, published largely in Australian-based, rather than international journals, and, since 1991, pre-dominantly within *HSR*. Only a small number of health sociologists have regularly submitted the majority of their work to international journals (although international submissions have been increasing as a consequence of pressure from colleagues and university managements). In this sense, the proportion of papers from each of the listed journals in this study is appropriate. Nevertheless the study is entirely biased toward published journal articles. A more comprehensive account of the sociology of health and illness in Australia would include a random selection of books and book chapters, and also unpublished conference material.

The Increasing Application of Theory

Papers published between 1960 and 2009 from the sociology of health, illness and medicine were coded according to whether they contained sociological

theory rather than being primarily empirical or issue-based. Although previous reviews of the sub-field have continually commented on a paucity of theory, the data suggests a robust figure overall, with 79% of the papers containing sociological theory, and only 21% solely empirical or issue-based. The data also indicates a steady increase in the use of theoretical frameworks over time. Table two illustrates this trend, showing that papers produced prior to 1970 were least likely to contain sociological theory, with 65% theoretically framed, rising to 86% in the 2000-9 period.

Table Two: An Increase in Use of Sociological Theory: 1960-2009

Theory	1960-69	1970-79	1980-89	1990-99	2000-9	Total
Contains sociological theory	15 65%	62 71%	62 79%	83 76%	146 86%	368 79%
Empirical or issue-based only	8 35%	26 30%	17 22%	26 24%	23 14%	100 21%
n=468	23 100%	88 100%	79 100%	109 100%	169 100%	468 100%

Note: percentages may not total 100 due to rounding. Statistically significant (Pearsons chi-square=.014).

Papers were also coded for the use of a *specific*, sociological, theoretical framework. An example of a paper which contains a specific theory is found in Willis (1978), where the author states that a ‘modified Weberian conception of bureaucracy was utilised ...’ (Willis 1978:3). Another example is found in the article by Swain and Harrison (1979). In this paper, the authors’ state that a ‘symbolic interactionist perspective is used to examine the effects of institutionalisation on residents at a Sydney nursing home’ (Swain and Harrison 1979:274). Papers that do not contain explicit statements about their theoretical framework were coded as ‘no framework stated’, even where the theory might be deduced from the use of particular theorists or the logic of the

argument. An example of this can be found in Collyer (2007), which applies several sociological concepts (e.g., ideology, neo-liberalism, social action) and theoretical frameworks (e.g., Weberian, Marxian), but gives no instructions to the reader about which theory is in use, nor provides evidence of an explicit, coherent theoretical approach.

This second variable differs therefore, from the one described above, which is based on the *researcher's* interpretation of whether a paper uses sociological theories or concepts. Although that method has been used in other studies to measure the extent of theory use in sociological papers (e.g. Stacey 1978; Willis 1982), it is a subjective form of coding. In contrast, this second variable, indicating the use of *specific* theories based on what the author has clearly indicated, is coded both objectively and more conservatively, and as a consequence, the study under-estimates the use of specific theories and paradigms in the sociology of health, illness and medicine. The results of this variable can be seen in table three, which shows 54% of the papers have a specific theoretical framework, compared to the researcher's estimate of 79% displayed in table two.

Table Three: Trends in the Use of Specific Sociological Theories: 1960-2009

Theory	1960-69	1970-79	1980-89	1990-99	2000-9	Total
Sociological theory stated	8 35%	32 36%	35 44%	69 63%	110 65%	254 54%
No theory stated	15 65%	56 64%	44 56%	40 37%	59 35%	214 46%
n=468	23 100%	88 100%	79 100%	109 100%	169 100%	468 100%

Note: percentages may not total 100 due to rounding. Statistically significant (Pearsons chi-square=.000).

Table three further indicates that 54% of the overall population of papers are fully theorised, but also that there has been an incremental rise in explicit theory use since 1960. In the earliest period, only 35% of the papers were explicitly theorised, building to 44% during the period 1980-89, and reaching 65% in the most recent period. Given that this is a conservative measure of the use of specific, sociological theoretical frameworks, the high, explicit use of theory and the steady increasing use of theory were unexpected. Previous observations of the sub-field had indicated a continuing, low level application of explicitly stated frameworks. Speaking of the most recent period, for instance, Willis and Broom state:

Not only do few papers address specific theoretical concerns, but few have an explicit theoretical framework. This may be indicative of a shift away from a more positivist structural approach ... [toward] the development of more in-depth, exploratory, sociological frameworks (Willis and Broom 2004:15).

This new data does not support this view.

Trends: Emergences and Disappearances

One of the more interesting aspects of the data is what it reveals about the relative popularity of various sociological theories. Table four shows that across the study population, the most popular theoretical framework is Feminism (15% of the papers), followed by a Foucauldian framework (8%), Marxism (7%) and then Interactionism or Symbolic Interactionism (6%). The high popularity of Feminism might be explained by its capacity to be paired with other sociological theories, for example Marxist-Feminism, but also the way it commonly promotes a socio-political stance rather than a theoretical framework *per se*. This means, as a category in this study, Feminism may

include a relatively higher number of papers that are multi- or inter-disciplinary rather than wholly sociological.

Table Four: Popular Sociological Theories: 1960-2009

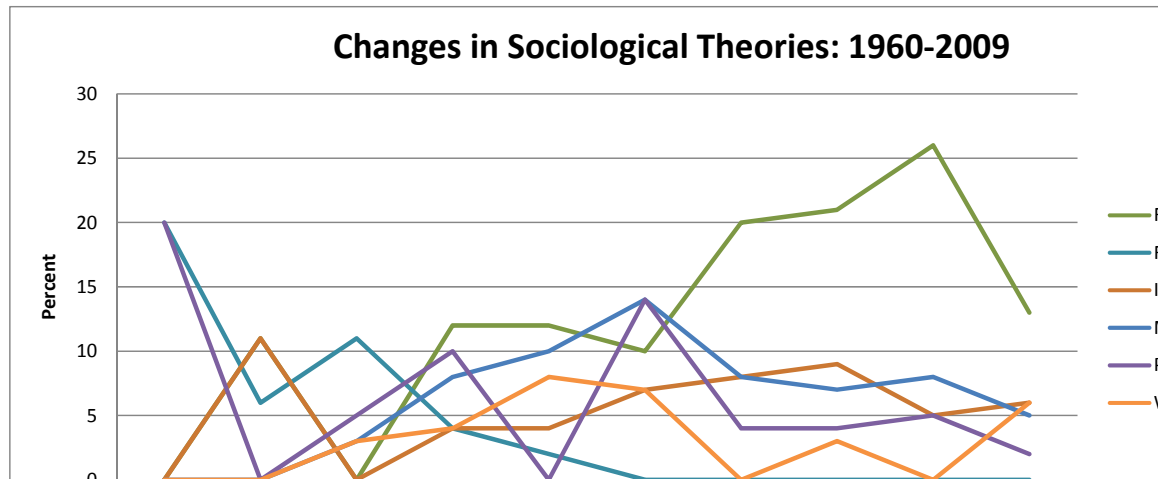
	Number of papers	
Feminism	69	15%
Foucauldian	35	8%
Marxism	32	7%
Interactionism	26	6%
Professionalisation	21	5%
Risk theory	23	5%
Constructionism	24	5%
Weberian	18	4%
Embodiment	20	4%
Functionalism	9	2%
Post-modernism	10	2%
Post-structuralism	6	1%
Durkheimian	2	-
Habermasian	1	-
Parsonian	1	-

Note: percentages will not total 100 as each paper was coded for up to two theoretical frameworks. (n=468)

The changing trends in the application of specific theories have been divided between two graphs for ease of presentation (Figures One and Two). (Figure One focuses on theories appearing from 1960, while Figure Two shows the theories which generally appeared in later decades). As can be seen from the rise and fall of theories in both graphs, most theoretical frameworks have an enduring interest for at least some sociologists, with only one, Functionalism, disappearing from view (see Figure One). The others rise and fall in popularity, reflecting changing conditions in the production and exchange of knowledge, perhaps indicating generational change, or merely illustrating shifts in ‘fashion’. Most interesting of all have been the number of new theories emerging (Figure Two), possibly indicating a form of ‘progress’ in disciplinary knowledge and likely to have been encouraged by innovations in

electronic communications (enabling rapid awareness of new ideas and developments) and the strengthening competitive pressures of the academic market place.

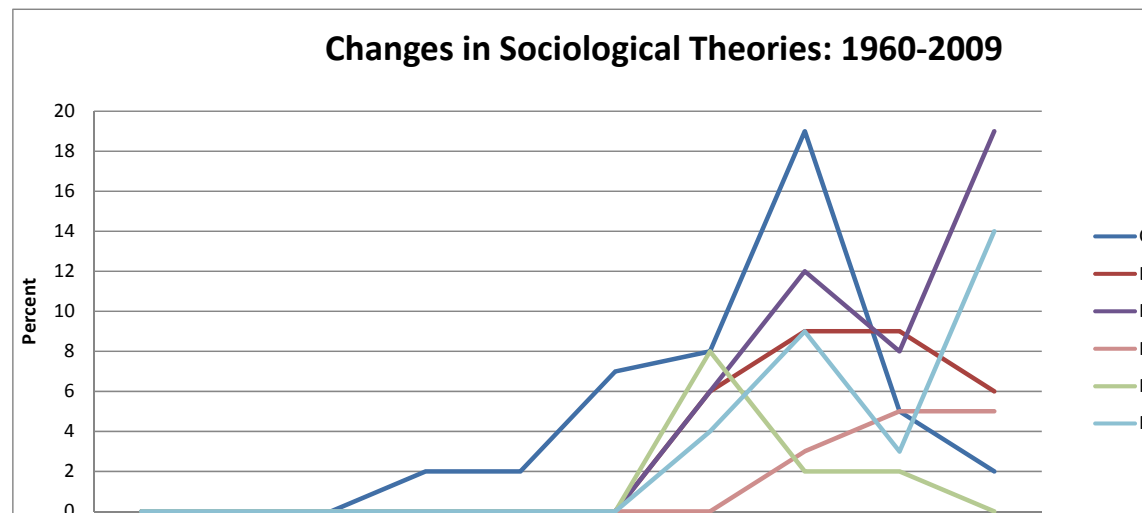
Figure One



What can this map of theoretical trends tell us? If we look to the earliest decade of the 1960s (Figure One), it is apparent that the sub-field was not theoretically bereft, but contained a rich and diverse spread of theoretical schemas. Interactionism/Symbolic Interactionism was on the ascendancy, as was Feminism, Functionalism and varieties of Professionalisation theory. The interest in Interactionism no doubt mirrors that of other sociologists in Britain and America, where this was the dominant theoretical framework between 1950 and 1975 (Johnson 1975:228). During the next decade, the 1970s, Weberianism enters the field, and Marxism takes off strongly, appearing in 6% of all papers. By the 1980s, Marxism and Feminism are the dominant perspectives, with Constructionism beginning to take its place in the field. (Marxism now features in 11% of the papers and Weberianism in 8%). Also in this decade, Functionalism takes its last breath and fades amidst the virulent critiques from both Marxism and Feminism, while Interactionism builds in

strength. In part, this data accords with Lupton's view of the importance of Marxism in the 1980s in Australian health sociology, but contradicts her assessment of the dominance of Functionalism, particularly Parsonian Functionalism, during the early part of this decade (cf: Lupton 1993:298).

Figure Two



In the 1990s, Feminist approaches become even more prevalent, rising from 11% in 1980-9 to 20% of the papers for the new decade, as does Constructionism (increasing from 4% to 14% and shown in Figure Two), and Interactionism remains strong (growing from 5% to 8%). At the same time, Marxism begins to decline, though not to disappear, for it shifts from 11% in 1980-9 to 7% in 1990-9. As shown in Figure Two, new theoretical frameworks appear on the map, particularly theories of the Body, Foucauldian theory, Post-modernism, Post-structuralism, and theories of Risk. The impact of the new theories of Foucault, Post-structuralism and Embodiment in this decade had been noticed by others, and also the continuing strength in Feminist approaches (e.g. Willis 1991:47,49; Lupton 1993:298-9). Few comment,

however, on the continuance of interest in the traditions of Weberianism and Interactionism.

Examining the most recent decade, theories of the Body maintain a strong position with a steady 7% of the papers. Marxism continues to command a place, with 6% of the papers published between 2000 and 2009. Weberianism too, remains among the frameworks, and is found in 4% of the papers during the decade. Theories of Risk strengthen their hold, appearing in 10% of the papers overall for the decade, but rising from 3% during 2000-4 to 14% in 2005-9. Feminist approaches continue to be dominant, with 18% of the papers for the decade. Foucauldian theory is the second most common perspective, with 15% of the papers during the ten year span, and strengthening from 8% in the first part of the decade to 19% in the second half. In sum, the data only supports some of previous assessments of the field, for it was Willis and Broom's contention that Foucauldian theory had declined by 2004, and its place taken by Beck and Giddens' notion of risk, and theories of late modernity and globalisation (Willis and Broom 2004:125). On the contrary, this new data suggests no decline in interest in Foucauldian theory, while theories of late modernity and globalisation appeared only during the 2000-4 period, with a total of 3 papers between them (only 5% of the papers for that ½ decade).

Conclusion

The content analysis reported in this paper gives a more positive report of the sociology of health, illness and medicine than previous assessments, challenging the orthodoxy of the sub-field as primarily 'applied' and

‘atheoretical’. This study indicates a strong prevalence of theory, even during the earliest period of the 1960s, and suggests that despite the many socio-graphic and inter-disciplinary works littering the field, the sociology of illness, health and medicine rapidly began to develop and indeed flourish, and maintains strong theoretical connections with its parent discipline. Moreover, the study has outlined the major trends in theoretical development, offering evidence for the persistence of most theoretical frameworks and the points at which new theories began to be applied and developed by Australian sociologists.

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