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Sociology of health textbooks and narratives: historical significance

Everardo Duarte Nunes [1]

Abstract *This article has as its starting point two central ideas: textbooks as a means of production and dissemination of knowledge and narrative as an approach. After a brief review of studies on health/medical sociology textbooks, I analyze a few of these textbooks from the 1900-2012 period, produced in the United States and England. I have selected eleven textbooks which I thought were representative. In addition to a content analysis, the textbooks are located within the process of constitution of the health/medical sociology with brief references to the biographies of the authors. The textbooks analyzed were classified according to the main narrative features: doctor-centered; interdisciplinary; pedagogical; analytical; almost autobiographical; critical; and synthetic-reflective. In the final remarks, some points about the textbooks, limits and possibilities are presented.*

Key words *Textbook, Narrative, Medical sociology, Health sociology, Content analysis*

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Introduction

Many are the forms taken by the narratives in the field of sociology of health. As noted by Maines[1], the analytical study of the narrative runs through the area of social sciences, on one interdisciplinary crosses of international character. It is present in the larger field of sociological knowledge as well as in specialized studies, such as health. Maines[1] recalls that the sociology of narratives see sociologists as narrators and inquires what they do with their own stories and the others.

On the other hand, the form of expression of narratives can range from a scientific paper to a text of popular dissemination, from the specialized book on a particular subject to collections of texts, and textbooks. In this sense, it is fulfilled what had already been exposed by Fleck[2], that is, that the narrative possibilities are part of the strategies of all knowledge. For Fleck[2] the production and dissemination of specialized science are presented under three types: science journals, science of textbooks and course books. The first is personal, temporary, and fragmentary has the "aspiration to be in connection with the problematic of the respective area as a whole". The second, "not just born of the sum or the ranking of individual papers in journals" because it presents a proposition with much more certainty and evidentiary character than the fragmentary statement of journals. Here, the narrative becomes a coercion of thought. The third way, of the textbooks, it is intended for introduction to science, which "occurs according to private pedagogical methods".

In this article, from a brief review of studies on medical sociology textbooks, I analyze a few of these textbooks, from the period of 1900-2012, produced in the United States and England. I have selected eleven textbooks which I thought were representative. In addition to a content analysis, the textbooks are located in the context of constitution of the health/medical sociology with brief references to the biographies of the authors. In the analysis, the textbooks were classified according to the main narrative features: doctor-centered[3,4], interdisciplinary[5], pedagogical[6-8], analytical[9,10], almost autobiographical[11], critical[12] and synthetic-reflective[13]. In the final remarks, I raised some points about the narrative as an approach and the narrative of textbooks and the role played by this type of scientific production, its limits and possibilities.

The health/medical sociology in the perspective of textbooks: a brief review

In the field of health/medical sociology there are few studies on the subject. Barnatt[14] conducted a review of five textbooks produced after 1977. Initially, the author states that, seen superficially, all seem to present the same topics and, to a lesser extent, the weight given to them is similar in all textbooks. The topics found are the following: "long section on general issues in the relationship of health and illness to society, as biological entities and as roles (...) discussions of health care workers (...) physicians and nurses (...) hospitals and other health care delivery settings, (...) aspects of the health care system"[14]. For the author, textbooks "seem to come from, or at least, to reflect, that American medical ethos which sees the system from the eyes of physicians and with great respect for them"[14]. She points out the little space dedicated to the relations of the structure of the system of health services and health care for society in relation to the health and illness relations in society. In summary: more emphasis is given on "health psychology" than on the social health care structure. She points out not only the similarities between the textbooks but also the differences. Thus, she found a textbook that substantially differs from the others whose orientation is from the point of view of the patient. Other differences are related to the chosen axes, often from the authors' own research and production styles – a few tables, monographic style and which can hinder the reading of undergraduate students, the same occurring with tables and charts (morbidity and mortality) that are not always "very interesting" to students requiring further explanation by professors. She points out that "important topics are deemphasized or ignored completely," for example disabilities and the economic aspects of the health care system.

In 1995[15], Barnatt revisit the issue analyzing seven manuals including his new editions. In this article the author points out some theoretical changes, finding a manual on the theories of the conflict; the existence of any discrepancy about the importance attributed by the authors and publishers to manuals; the reiteration of the absence of relevant topics such as health economics and analysis of the health system.

Other revisions may be cited: Chaiklin[16] addresses the issue of textbooks, but without making a relevant analysis; Cockerham and Ritchey[17]

Ciência & Saúde Coletiva, 21(3):821-832, 2016

and Hollinghshead[18] analyze those produced in the early twentieth century until the 1990s.

Two historical textbooks from the beginning of the 20th century

In 1902, Elizabeth Blackwell put together a series of essays that had been written in the last decades of the 19th century and published the *Essays on Medical Sociology*[3]. By ordering a series of issues, she noted: "This work is written from the standpoint of the Christian physiologist". She also points out that medicine and morality are inseparable and that "the physical, moral and intellectual elements of our nature cannot be dissolved during lifetime". For the author, physiology should be addressed as a way to help men and women in "forming correct judgment on the most important relations of life". These quotes are part of the essays in the first volume covering: issues about sex and sexuality, medical liability for infectious diseases, the prostitution and disease relation, women and labor relations, the moral education of the young in relation to sex. In the second volume, Blackwell turns to: the role of women in the medical profession, erroneous methods used in medical education, scientific method in biology, Christian socialism, religion and health, among others.

The Blackwell's narrative is scattered and approaches of the history of author when referring to their career choice and the world of work faced by women in the late nineteenth century and early twentieth century. Elizabeth Blackwell was born in Bristol, England, in 1821 and ten years later emigrated with his family to the United States where his father opened a sugar refinery. New York, after the fire that destroyed the refinery, the family moved to Ohio in 1938, and Elizabeth's father died, drowned in debt. The family managed to survive and raise children. She and her sister followed medicine, facing huge barriers, because they are women, considered intellectually inferior. In 1847, after being rejected by 29 medical schools, Elizabeth was accepted in Geneva Medical College, becoming the first woman to graduate in the United States in 1849.

I agree with Legermann and Niebrugge-Brantley[19] that studying classical feminist social theory, point Blackwell and Florence Nightingale as pioneers that do not have dedicated themselves to "building a general theory", but particular aspects of social life, in the case of medicine and health.

I analyze his book as a narrative centered on medicine and associated welfare issues of the day, a vision grounded in the Christian bias profession and as a means for social and moral reform of society.

In 1909, James Peter Warbasse[4] (1866-1957), North American medical surgeon, wrote the manual *Medical Sociology: A Series of Observations Touching upon the Sociology of Health and the Relations of Medicine to Society*. He stood out in the medical field and became an advocate of cooperatives as a way to confront social inequalities. In the manual, brought together sixty works written at different times, separately addressing what he called "Sociology of Health" and "Medical Art and Medical Science".

In the preface, Warbasse states that his book was prepared addressing the "sociological relations of medicine." His proposal is that knowledge of human life belongs to the medical sciences, in turn, are part of the biological sciences. According Warbasse, medicine is the science that studies the biology of the human being and aims to investigate the conditions that destroy the causes and possibilities of prevention, treatment, promotion of physical efficiency, relieve pain and prolong life.

The subject is diverse and written in the form of small "essays", although the author said that they did not have "enough fullness" to receive the dignity of this title. He points out that the first part has issues of greater interest to the lay reader and the second to the physician reader. He addresses, among other things, the civilization relations and the improvement of personal and social conditions, alcoholism, the health/happiness/morality relations, the sexual education of the young, diet, development and dissemination of scientific knowledge, the fate of medicine, medical practice, etc. Without any reference to any sociological formulation, the book is clearly placed in a medical aspect without reference to the sociological approaches of medicine, as the author had prefaced, at times quoting the philosopher and sociologist Herbert Spencer (1820-1903).

In general, the issues addressed in these textbooks are based on the medical field, public health and social assistance and seeking connections with a notion not clearly defined "social". It stands out at this epoch the creation in 1910 of the Sociological Section of the American Public Health Association. According Rosen[20], John M. Glenn, director general of the Russell Sage Foun-

dation, stated that "the purpose of the section was to increase the knowledge and interest of social workers on health problems, approach the social worker and the direction of health posts order to establish closer contact between them, in order to ensure greater cooperation by bringing both the clearest recognition of the fundamental relationship between social and health problems ". Rosen believes that this section was the result of progressive thinking which found conditions to survive, ending its activities in 1922. The reappearance of a medical sociology committee would take place almost thirty years later, at the initiative of the American Sociological Association (ASA). The so-called *Progressive Era* designates the first decade of the twentieth century, during the presidency of Theodore Roosevelt (1901-1909). Date of that period the role of social reformers by the working class in an attempt to expand the social security, but quite fragmented support of labor and socialists parties[21].

An example of the 1950s: the pursuit of interdisciplinary

In 1954, the *Social Science in Medicine*[5] was published; it is considered as the first textbook of medical sociology, by Leo W. Simmons (1897-1979) and Harold G. Wolff (1898-1962). Both responded to a request for a project that since 1952 was sponsored by the Russell Sage Foundation, aimed at the collaboration between medicine and social sciences, which had been built since 1949.

Bloom[22] tells us the path of Simmons at the Yale University and his meeting with Wolff. Simmons got his doctorate in sociology in 1931 and stood out for his ethnographic studies; he became the first sociologist to be officially hired for the Faculty of a medical school in the United States; he defended the presence of sociologist Bernhard Stern, of Marxist training, as a visiting professor, in a characteristically conservative political scene at the University.

Wolff had medical training and he stood out for his research in neurology, internationally recognized as the authority in studies on migraine, cerebral circulation and the impact of stressful situations on individuals[23].

The publication of this textbook is part of the growing movement that gradually institutionalized the field of medical sociology in the United States. For Collyer[24] this process was only possible by the reorganization of medical institutions, which took place in the 1950s, as well as by the role played by the precursors who professionalized the scientific activities in Europe and that arrived in the United States in the early twentieth century. There is also the role of foundations, which is the case of the Russell Sage Foundation, placing social scientists as "residents" in medical institutions, as at that time most sociologists interested in health and medicine were employed in departments of sociology and very few were in medical institutions.

The book was hailed by Opler[25] as "the best work in psychosocial medicine since James L. Halliday's book by that title". Similarly, Bartlett[26] said that the book was "an important contribution to interdisciplinary thinking (...) is to present those central concepts of social science that bear most directly on medical problems and to suggest some tentative conceptual links that appear useful for further exploration."

These comments are well founded because the textbook is quite elaborate multi-part form, narrating in seven chapters relations between medicine and social science. For authors medicine besides having scientifically advanced, focused on hospital with specialized services and depersonalized. As the authors write: "Although these emphases still largely prevail, there are signs that a new era is opening in which medical care will be conceived in broader terms"[5]. They associate this issue to related advances in public health, psychiatry, psychoanalysis, social service and social sciences related "to the rise to a new concept of comprehensive (in contrast to specialized) medical care, which is modifying the former definitions and objectives of scientific medicine". They also point out that the medical challenge is "to develop in a systematic and scientific way and to utilize so far as possible the relevant principles and skills" from the biophysical knowledge, such as those from social science.

The 1960s: the textbooks and the institutionalization of the social science education in medicine

In 1962, Doctor Mervyn Wilfred Susser (1921-2014) and Anthropologist William Watson (1917-1993) joined forces and wrote a textbook called *Medical Sociology*[6], first published in England.

Susser was born in Johannesburg where he graduated in medicine. In South Africa, in addition to starting his career as a physician, he became a human rights activist and fought against the apartheid and for political reasons he emigrated to England, in 1955, with his wife and col-

Ciência & Saúde Coletiva, 21(3):821-832, 2016

laborator Zena Stein (1922). Zena Stein had an undergraduate degree and a master's degree in history and when she was preparing herself for medical school she found Susser again. Together, they went to medical school and graduated in 1950. They remained at the University of Manchester until 1965 (Mervyn as lecturer and Zena as Research Fellow, at the Department of Social and Preventive Medicine), when they moved to Columbia University, where Susser was the head of the Department of Epidemiology. Over the course of their activities they did not lost touch with South Africa and its health problems, especially related to AIDS. Susser stood out with his fundamental contributions to the field of epidemiology, such as theoretical formulations of eco-epidemiology and causal models in epidemiology.

It is said that the collaboration between Susser and Watson in the production of *Medical Sociology* was the inspiration of Zena Stein. For Oppenheimer and Rosner[27] this was the "most comprehensive and theoretical attempt at combining the social and the medical in order to understand the multi-level relationships between social milieu, health and disease. Like their contemporaries in social medicine, Susser and Watson sought to elucidate the social context of disease by using concepts and techniques drawn from epidemiology, demography, anthropology, sociology and/or social psychology." They also remember that the subsequent contact with Herbert Hyman, Robert Merton and Paul Lazarsfeld and other sociologists at Columbia University would deepen the understanding of sociological issues, and, generally speaking "demonstrating how society and health are interwoven across every stage of the lifecycle."[28]. In the early 1960s, when Medical Sociology was published, England was not very favorable to the social sciences in the medical field, but Collyer[24] emphasizes that began to appear the first criticism of the "medical model".

Susser and Watson[6] start the preface to the first edition of *Sociology in Medicine* saying "diseases are not natural calamities", but "are injuries inflicted on people by the nature of their daily occupations and their customary modes of life." When describing the disease problems, they underline the differences between industrialized and underdeveloped countries and those in transition, and that these issues, not addressed in medicine textbooks, would be the object of social medicine, also addressing the influence of social and cultural phenomena on illness and the effectiveness of care and medical organization.

The second edition (1971) is organized into eleven chapters, with the first seven being dedicated to "analyze population trends and their mortality and sickness, as well as institutions and social relationships", and the four following chapters are dedicated to the development of the family cycle, marriage, childhood, adulthood and aging. They clarify that in these chapters "the perspective here is of clinical and personal medicine, in the light of available field studies in sociology and social anthropology."

What is interesting in this textbook is the various subjects covered and the careful selection of the literature used, including the use of the theoretical and conceptual framework of the social sciences with the classics of sociology (Durkheim, Marx, Weber, Parsons, Merton) and anthropology (Firth, Kroeber, Mead, Evans-Pritchard and others). It is not about simple quotation, but how the concepts of, for example, social class, culture, social mobility, etc., contribute to health issues. Having been made with the intention of being, according to its authors, "only" an introduction, it was used for the teaching of medical students and graduate students in public health in England and also in American and Latin American universities.

Another textbook from the early 1960s recounts the teaching experience developed at the Baylor College of Medicine, by Samuel W. Bloom (1921-2006), titled *The Doctor and his Patient – a sociological interpretation*[7].

At that moment, medical sociology walked in the United States to a period of open institutionalization: Parsons, Straus, Straus, Fox, Goffman, Simmons, Freidson, Hollingshead, and others, were already published; the first doctors in medical sociology, with specific training in this area, as Robert Straus and Leonard Syme, started their professional activities; there was the creation of the first department of behavioral sciences, in Kentucky, 1959; the publication of the first magazine devoted to social science and medicine (*Journal of Health and Human Behavior*), later transformed into the official agency of the ASA (*Journal of Health and Social Behavior*); the creation in 1959 of the Medical Sociology Section of the ASA, which, in 1961, had approximately 700 members; the expansion of the social sciences education for medical students, present in approximately 25% of medical schools, in 1964; the publication of important research studies on the medical student, structuring the subfield of sociology of medical education.

Thus, it became essential to offer to students and professors a textbook that would structure

the sociology-medicine relations. Bloom, a sociologist by training, with a master's and doctoral degree in sociology in 1953 and 1956, respectively, joined, in 1953, the pioneering group of social scientists in the field of medicine.

The textbook written by Bloom recounts his experience in a course started in 1956 and developed over five years at Baylor University College of Medicine, in order to introduce the science of human behavior, particularly experimental psychology, sociology, anthropology and evolutionary psychology and development for students of the first year of medical school. The classes were taught in the Department of Psychiatry and Bloom, in charge of the introduction of sociological concepts always stemmed from medical problems, starting with the doctor-patient relationship.

The author has drawn up a frame of reference in the first part of the book, based on a previous discussion on art, science and values that mediate physician relations, nurses and patients, the latter almost always judged on moral bases (good or bad patient). Bloom points out that his work aims to "[we] try learn about values, how they are acquired and used in the structuring of social relationships"[7]. The illustrative case chosen is of Mrs. Tomasetti, 55-year-old patient, an immigrant from southern Italy, who arrived in the United States as an adolescent. For a long time she had been received treatment in the clinic of the University hospital, with *diabetes mellitus*, but with a series of relapses, whose causes were only detected in the last admission when there was a change in the treatment team. At that point, the discovery that cultural issues, especially related to dietary habits of a family of Italian traditions, were at the base of the non-compliance with the recommended diets was of fundamental importance.

Bloom didactically address the cross-cultural context of medicine, the social role of the physician and the patient, the cultural environment and the significance of the disease for the family. Emphasizes the family as a place of the patient and the hospital domain as a social institution. Bloom follows the tradition of the first sociological works that are dedicated to the study of the doctor-patient relationship as a social system.

Years later, Bloom and Summer[29] say, "According to the social system model especially as presented by Henderson and Parson the behavior of physicians and their patients was governed and essentially determined by the normative expectations of their society. The decision of the patient seeking care and choosing who he will see is a matter of individual choice", although influenced and modified by external forces. Among cites such influences socioeconomic status and the patient's culture, ultimately, is who makes decision about your health. Henderson and Parsons highlight the presence of the motivations of the doctor and the patient, as individuals, in the social system, highlighting the socio-psychological view of your references. This view has become the focus of structural deterministic attacks. But it is interesting to note that while Bloom's reference point is not structural in the sense given by the authors of the 1970s, it presupposes place, as a field of this relationship, a dominant sociocultural matrix.

Third example of a manual from the teaching experience is David Mechanic[8] (1936), which publishes Medical Sociology - the selective view in 1968. In 1985, soon autobiographical account Mechanic[30] says, "I became interested in medical sociology as a student at Stanford in the late 1950s, with the encouragement of my mentor, Edmund H. Volkart". Comments that this time the production of behavioral factors in the care of his health did not exist formally, and the material used for students was sparse, requiring join them in the best possible way. For him, the book is "a personal account of medical sociology and their theoretical and methodological challenges, seeking to understand how behavior and the organization can improve the medical prognosis and evolution of the patient (...) the intention was to emphasize the themes contemporary without neglecting the influence of history and culture "[30].

Mechanic graduated from the City College of New York in 1956, master and doctorate at Stanford University. Their projects were about stress and coping, behavior in health and medical activities, themes poorly treated. In 1961 starts a new teaching and research program at the University of Wisconsin and the issues mentioned above accompany throughout academic life, which are extended after a visit to England in 1965, where he studied the National Health Service, starting comparative research international on health services. In his memoirs he reveals that there was wrong about many ideas I had about the functioning of a system of socialized medical care[30].

Mechanic considers the relevance of their work to medicine as an applied field that includes the social sciences[8]. Comprising three parts, eleven chapters, a postscript and two appendices, his book uses abundant literature (468 references).

Ciência & Saúde Coletiva, 21(3):821-832, 2016

Stands out in the first part, the development of concepts of health, illness and deviant behavior within a variety of perspectives: biological, cultural, social, psychological and corporate; the physician view on the disease and the patient; the patient's vision and his behavior against the disease; and the doctor-patient encounter in the context of medical practice. The author pays particular attention to methodological issues in the second part of the book. His narrative emphasizes the relationship between the statistical and social science "basic medicine is for the statistical model, because the weight of probabilities is inherent in each treatment situation. Behavioral science enters the picture of the disease and its treatment showing that cultural, social and psychological factors affect the likelihood of certain medical occurrences". In the third part of the book, the author analyzes the practitioner-patient interaction.

The 1970s: the challenges of the medicine-sociology-health dialog

Many scholars point out that it was from the late 1960s and early 1970s that medical sociology in the United States underwent a change of direction. Collyer[24] points out as characteristic the possibility of specialization in the field and that, while this was already taking place in the departments of sociology, in this moment, "many sociologists moved to take up positions in medical schools." He highlights the important role of foundations, including the ones from the Government that subsidized research studies, especially in the area of mental illness. Collyer[24] associates this change to the "poor treatment they [sociologists] received within sociology departments." Despite facing problems in the 1970s, the scientific production in the area was consolidated with new subjects, methodologies and theoretical approaches, such as, for example, the study of professions, qualitative methods and a structural perspective in the study of health and medical practices.

In this environment, Rodney M. Coe[9] (1933-2014) published the textbook *Sociology of Medicine* (1970) which became a reference, including the Spanish edition of 1973 and reissue in 1978. Coe acquired his master's degree at Southern Illinois University – Carbondale – and his doctoral degree in sociology at Washington University, in 1962, and from 1969 he had his name closely related to the Department of Family & Community Medicine of the St. Louis University School of Medicine, which was created in 1969 with an innovative curriculum in the field of community medicine. In this program, students of the first year of the medical course developed direct works with local communities. Coe became the head of the department in 1989, a position he held for ten years, having introduced numerous initiatives during this period.

Coe reports that the idea of his book came from own teaching experience as it felt the need to revise the antiquated texts that were previously used[31]. Your textbook divides sociology of medicine in various parts, but has a focus, "on the social interaction: between two people, the doctor and the patient; between groups of individuals in an organizational context, such as the hospital or medical school; and, among lay people in the community". In the introduction Coe comes to the field of study; the first part of lectures about the disease and the patient; the second, on the profession and medical practice as occupation and some economic and organizational aspects of health care in modern society; the third speaks of the health institutions and the hospital; and fourth, analyzes the organization and costs of health services.

Coe received, a few years after the publication of his book, scathing critique of Murdock[32] in relation to the following passage: "Since medical sociology is an applied field, it is incumbent upon sociologists to demonstrate their value by solving problems which result in a product with a clear practical utility for their 'client' — in this case the medical profession."[9]. Murdock says, "I take issue with the designation of medical sociology (...). That Coe is explicitly writing a text in the sociology of medicine is I think significant." However, he said it could have an "immediate appeal, it becomes decidedly blurred"[32]. For this author, sociology is a process discipline, and a static model, pure and applied on one side of another, it may be appropriate to the natural sciences, but not for sociology. Disturbed her, particularly Coe position, considering the medical profession as "client" of sociology and stresses that "the medical profession is no more or less client of sociology than people who risk an accident while crossing the street , nurses, secretaries of hospitals, patients and others".

I selected the end of the decade, the manual that would become the most published of medical sociology. It was prepared by Cockerham[10] in 1978 and is in its thirteenth edition[33]. This includes "[in] the wave of new books"[17] started in 1977.

Cockerham has a brilliant career in medical sociology, production, organization, dissemination of scientific production, and publication of several anthologies. His works deal, especially studies on lifestyles, social inequalities and relations of sociological theories with medical sociology.

By 'biographying' the book, in the preface to the twelfth edition Cockerham account that the text of the first edition was typed on a typewriter, when was entering as a faculty member at the University of Illinois. His book was included by the International Sociological Association in the list of "Books of the Century" in 2000 and translated into Chinese and Spanish. Comparing their 1978 texts and 2015, Cockerham[33] notes the considerable changes in the field of medical sociology. When released the textbook, much of the research depended on the patronage of doctors. There was clear division of labor between sociologists who worked in academic departments at universities and those working in health institutions. Today, says the author, medical sociology no longer depends on the medical profession for funding or focus, though it continues to exist, in many cases close alliance between them. The author considers that this relationship has been better than the *stricto sensu* sociology, which only embraced the segment of medical sociology, when it has become too important to be ignored.

Medical Sociology proposes "(introducing) readers in the field of medical sociology (...) (recognizing) the meaning of the complex relationships between social factors and the level of characteristic health of various groups and societies (...)"[10]. For the author, the greatest interest of sociology are social causes and consequences of human behavior and this applies to medical sociology: the various faces of disease processes, the characteristics of the social behavior of health service providers and that serving services, the social functions of healthcare organizations, care standards and the relationship of health systems with other systems.

Cockerham's narrative is based on the concreteness of epidemiological problems and demographically defined, the potential of social factors related to disease and stress; the convergence between the theoretical foundations of sociology and other social sciences to understanding the health / disease / care.

In this sense, by resuming Straus' idea, he writes that this division of the medical sociology was losing much of its distinction. For him: "Contemporary medical sociologists are less concerned with whether work is in the sociology of medicine or sociology in medicine, but rather with how much it increases our understanding of the complex relationship between social factors and health"[10].

Cockerham has a strong sociological fundaments in the field of study of the disease / health, which can be determined by the appropriate use of theoretical frameworks coming from Parsons, Foucault, Durkheim, Weber, Becker, Luckmann and Berger and Freidson and dialogue with other authors as Pescosolido , Suchmam, Mechanic, Rosenstock, Straus, Zola, Szasz and Hollander, Snorter, Waitzkin, Paul Starr and Leo G. Reeder. His book also highlights the importance of other health professionals such as nurses, midwives and assistants and their relationships with physicians; and devotes a good space for the study of hospital facilities and health policies and practices in the United States, Canada, Britain, Italy, Sweden, South Africa, Mexico, China, Russia, Poland and Hungary.

In my opinion, Cockerham's medical sociology can be seen at the intersection of two axes: the horizontal transit sociology, social psychology, anthropology and political science; and the vertical medical matters, the disease, the impairments, and system responses. All this leads me to disagree with Barnartt[15] of view that the Cockerham textbook contains no discussion of theories or basic sociological concepts.

The 1980s and 1990s: from an 'almost autobiographical' textbook to a critical analysis of medical sociology

The textbooks that will be examined are placed in different countries and times, whose publications are mediated for nearly a decade. I chose them because they evidence the narrative diversity that is possible when sociologists of health not only recount the trajectory of the area of the health sociology but select subjects and research studies.

The first is written by Renée Claire Fox[11] (1928) –*The sociology of medicine: a participant observer´s view* (1989) –, and the second, by Ellen Annandale[12] – *The sociology of health & medicine: a critical introduction* (1998).

Fox belongs to the first generation of social scientists who dedicated themselves to sociological studies on medicine, health and medical education. As she tells, her interest in medical sociology began in 1951, before the area was officially recognized by the American Sociological

Ciência & Saúde Coletiva, 21(3):821-832, 2016

Association. After graduating in 1949, at Smith College, she got a doctorate in sociology in the Department of Social Relations, at Harvard University, in 1954, with Talcott Parsons as her tutor. By becoming a member of the Bureau of Applied Social Research, at Columbia University, she brought an important contribution to research studies on the medical student, and throughout her career she addressed various subjects on medical/health sociology, medical education and the area of medical ethics.

The textbook that she published thirty-two years after her doctorate presents, not only the trajectory of a researcher, but also a didactic view of the field of health sociology. The book had a long gestation, as it was requested by Alex Inkeles, for the series of books on the foundations of modern sociology, from Prentice Hall, in 1973, and should be a monograph on the medical sociology.

Fox[11] reports that after considerations, hesitations and long periods of silence, the book emerged: "Although it is built upon a systematic, comprehensive review of the sociology of medicine literature, it draws upon materials and authors that extend beyond what professional sociologists have written", in addition to being based on her own research. In this sense, she worked with articles and books written by anthropologists, psychologists, historians, biomedical scientists, physicians, nurses and scientists writers. Adopts therefore an interdisciplinary perspective, relating to medicine, biology and social sciences with a strong "historical and cross-cultural sense". Draws attention in his book, the perspective of a participant observer. She herself says: "It could be said that my medical and sociological overview is more cultural than social-organizational. This book reflects the fact that in my medical sociology endeavors and in my career as a sociologist, I have been consistently interested in the clusters of values and beliefs, symbols and rituals, meanings and motivations that are components of social life – of its ambiance, ethos, and world view. I have related these sociocultural aspects of health, illness, and medicine to their social structural attributes and processes in a framework that interweaves micro and macro levels of analysis and interpretation". By witnessing the intense transformations in medicine and medical practices in their country and the world, the author brings out all the dynamism of the sociology of health field.

Considers that this textbook is to supply their own research references and other authors when comments: "In many instances, I have not only described an author's work in detail, but I have quoted [excerpts] abundantly from it," as she writes, "for respecting and savoring the exact way that people say things, and an appreciation of the nuances of thought and perception".

Thus, the six chapters run: the social and cultural significance of health and illness; the professions of the field; the process of education, training and socialization of doctors and the role of medical school and residence phases and professional practice, the hospital as a social and cultural core and, finally, science, medical research and the sociology of bioethics.

Barnatt[15] criticizes the Fox book, with which I disagree. For her, that compared to other six manual "The Fox book (1989) also differs from others (…) it is a small paperback that does not look like a textbook (…) its coverage is much narrower than the others and reflects its author's background by giving most of its weight to medical school socialization and medical practice (…) it is not written for the average undergraduate (…) the book does what she attempts to do, which is to present an in-depth picture of part of a field of study (…) what it does not do is to present information about the systematic aspects of health care or the economics of health care". But his book is based as a reference source for students and the very Barnatt comments: "it can not serve as the sole book or as a basic book for a medical sociology course, although it may be one of several used books".

Published nearly a decade after the Fox's work, Ellen Annandale[12] classifies his book as a "a critical introduction". Trained in sociology, Ellen received master's and doctorate in sociology from Brown University in USA and belongs to the generation that finds medical sociology in full maturity and institutionalized. This leads to an important point that is the critically enclosing of the area.

If earlier work already formulated this perspective, it is highlighted in the late 1990s. This enclosing, as Annandale[12] notes in the preface of her textbook, is due to the fact that the content of the texts produced had been "superseded by the swift pace of change in the wider discipline in sociology, particularly in sociological theory, and by the implications of wide-scale changes in the delivery of health care for research in the field".

She draws attention to the need for new areas of debate and theoretical formulations so that "we can understand inequality in an intellectual and political climate which increasingly stress

the death of social class, the shifting boundaries of gender and 'race', and the emergence of new forms of social division", which relate to the so-called "end of modernity" and the need to "theorize a new social order".

The author builds his work into three parts and nine chapters, from the theoretical perspective of political economy, the interactionism 1970s, of Foucault's work, of postmodernism and feminism. In addressing the social class issue, Annandale brings back to discussion of the theories of consumption and lifestyle, but also resituates gender issues, race, ethnicity and their relationship to health. She discusses the National Health Service English and dilemmas from 1990 and the economic context in which it operates. And debate contemporary theories of sociology of professions, reviewing the concepts of autonomy and professional domain. She closes with a chapter on the experience of illness and health care, seen from the angle of "tension between reflexivity and the imperative of choice in illness which, it is argued, can be seen as a trope for the contemporary social condition" for both chronically ill, for those looking to save yourself healthy, and for caregivers.

The 21st century: an example of a synthetic and reflective textbook

Among the many texts written in the 21st, my choice was in *Medicine, Health and Society*, Hannah Bradby[13]. The author reports that "Having completed a multi-disciplinary undergraduate training, I wrote a sociological doctoral study that used mostly anthropological methods and discovered that tribal allegiances are key in academia."[34] His work includes short stories, novels and newspaper articles, and among others, this second medical sociology manual, a result of their teaching experience.

At the end of the prologue of the textbook, the author points out that the: "Excessive attention to our own boundaries potentially reinforces an introverted academic insularity, but can also be seen as part of the critical project of our research"[13]. According to Bradby, it is necessary to break the "disciplinary and geographic introversion." I take these considerations as a starting point of the analysis of this textbook. Indeed, the author develops a critical and reflexive narrative noting that the most important subject in the field of health sociology and illness is not in the alliances of researchers, but "in examining systems of power and subjectivity in a globalized world."

With a special capacity to summarize (175 pages, including references in each chapter), the author provides an updated overview of key subjects in seven chapters, prologue and conclusion. She points out that the research problems covered in the book refer to: inequality in morbidity and mortality rates scaled in terms of social and economic stratification, gender and ethnic group; aspects of corporeity of the experience with disease, disability and pain and the ways that the body as a cultural object problematizes the biomedical models of the body; the organization of health care in a national welfare system in which the interests of the Government, patients and professionals are operated reciprocally and contradictorily.

According to the very Bradby[13], there are omissions that lead to wonder if medical sociology constitutes a "coherent discipline". This question is posed at the beginning of the book, discussing the convictions and disciplinary boundaries. As we know, the debate about the blurring of disciplinary boundaries is more constant from the presence of post-structuralist thought currents. Therefore, the author presents new possibilities of looking at the classic field of health sociology, for example, the doctor-patient relationship forward the development of biotechnology, and understanding of health systems in the globalized world. It also highlights the importance of enhanced sociological studies of the relationship and control of corporate interests and equity in the health sector.

Final remarks

This work shows that the textbooks go through the development of the sociology of health and at the same time, help tell your story. I believe that this is a fact to be highlighted, but there are other obvious aspects of the description of the various texts and authors.

The importance of this study can be attested by the perspective taken by renowned institutions on hand, as is the case here UNESCO represented by Heyneman[35]. For this author, we can not conceive of a modern educational system without textbooks.

However, although many are attractive to the market, have no pedagogical effectiveness when they are written to enforce guidelines and regulations or used as instrument of accession to the traditional discipline.

In the case of the analysis in this article, Heyneman fit many of the ideas about the rele-

vance of the manual, its possibilities and shortcomings. We conclude that your space is to assist educational processes, recognizing the knowledge accumulated by reference researchers who collaborate in the identification and construction of the field.

On the issue of the narrative, highlight the merits of establishing a research with this focus, especially when taking the narrative as approach. Accordingly, the textbook as "document becomes a narrative"[36]. Robert and Shenhav[36] who use this expression comment that "This position rests on a very loose definition of the narrative." But as they add: "Moreover, the researcher is not so much an analyst as an intermediary between the participants and the readers."

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References

1. Maines DR. Narrative's moment and sociology's phenomena: toward a narrative sociology. *The Sociological Quarterly* 1993; 34(3):17-38.
2. Fleck L. *Gênese e desenvolvimento de um fato científico*. Belo Horizonte: Fabrefactum; 2010.
3. Blackwell E. *Essays on medical sociology*. London: Ernest Bell; 1902.
4. Warbasse JP. *Medical sociology*: a series of observations touching upon the sociology of health and the relations of medicine to society. New York: D. Appleton & Company; 1909. [acessado 2015 ago 11]. Disponível em: https://archive.org/details/medicalsociology00warb
5. Simmons LW, Wolff G. *Social science in medicine*. New York: Russell Sage Foundation; 1954.
6. Susser M, Watson W. *Sociology in Medicine.* London: Oxford University Press; 1962.
7. Bloom SW. *The doctor and his patient*: *A sociological interpretation*. New York: Russell Sage Foundation; 1963.
8. Mechanic D. *Medical sociology*: *A selective view*. New York: The Free Press; 1968.
9. Coe RM. *Sociology of medicine*. New York: McGraw-Hill Book Company; 1970.
10. Cockerham WC. *Medical sociology.* 7th ed. Upper Saddle River: Pearson Prentice Hall; 1998.
11. Fox RC. *The sociology of medicine: a participant observer's view*. Englewood Cliffs: Prentice Hall; 1989.
12. Annandale E. *The Sociology of health and medicine*. Cambridge: Polity; 1998.
13. Bradby H. *Medicine, health and society*: *a critical sociology*. London: Sage Publications Ltd; 2012.
14. Barnartt SN. A review of medical sociology textbooks. *Teaching Sociology* 1990; 18(3):372-374.
15. Barnartt SN. Medical sociology textbooks reconsidered. *Teaching Sociology* 1995; 23(1):69-74.
16. Chaiklin H. The state of the art in medical sociology. *J Nerv Ment Dis* 2011; 199(8):585-591.
17. Cockerham WC, Ritchey FJ. *Dictionary of medical sociology*. Westport: Greenwood Press; 1997
18. Hollingshead AB. Medical sociology: brief review. *Milbank Mem Fund Q Health Soc* 1973; 51(4):531-542.
19. Lengermann PM, Niebrugge-Brantley J. Classical feminist social theory. In: Ritzer G, Smart B, editors. *Handbook of social theory*. London: Sage Publications; 2010. p. 125-137.
20. Rosen G. The Sociological Section of the American Public Health Association, 1910 - 1922. *Am J Public Health* 1971; 61(12):2515-2517.
21. Palmer KS. A brief history: universal health care efforts in the US. San Francisco PNHP Meeting, 1999. [acessado 2015 ago 28]. Disponível em: http://www.pnhp.org/facts/a-brief-history-universal-health-care-efforts-in-the-us
22. Bloom SW. *Word as scalpel: a history of medical sociology*. New York: Oxford University Press; 2002.
23. Talbott JH. Harold G. Wolff, M.D. 1898-1962. *Arch Neurol* 1962; 6(4):259-260.
24. Collyer F. *Mapping the sociology of health and medicine: America, Britain and Australia compared*. Houndmills, Basingstoke: Palgrave Macmillan; 2012.
25. Opler MK. Review - Social Science in Medicine. Leo W. Simmons and Harold G. Wolff. *American Anthropologist* 1956; 58(2):212-213.
26. Bartelet HM. Review - Social Science in Medicine. Leo W. Simmons and Harold G. Wolff. *Social Service Review* 1955 29(1):87-89.
27. Oppenheimer GM, Rosner D. Two lives, three legs, one journey: a retrospective appreciation of Zena Stein and Mervyn Susser. *J Epidemiol* 2002; 31(1):49-53.
28. Smith GD, Susser E. Zena Stein, Mervyn Susser and epidemiology: observation, causation and action *J Epidemiol* 2002; 31(1):34-37.
29. Bloom SW, Summey P. Models of the doctor-patient relationship: a history of the social system concept. In: Gallagher EB, editor. *The doctor-patient relationship in the changing health scene.* Washington: Department of Health, Education, and Welfare; 1978. p. 17-48. (Publ. Nº [NIH] 87-183)
30. Mechanic D. This Week's Citation Classics. *Current Contents* 1985; 20:20. [acessado 2013 abr 25]. Disponível em: http://garfield.library.upenn.edu/classics1985/A1985AGU9800001.pdf
31. Coe RM. *Sociologia de la medicina*. Madrid: Alianza Editorial; 1973.
32. Murdock A. Some remarks on the dialogue between sociology and medicine. *Medical Sociology online* 1974; 2(1):4-6. [acessado 2015 ago 16]. Disponível em: http://www.medicalsociologyonline.org/resources/MSo-8.2/8.2-Archive-Article-Murcott.pdf
33. Cockerham WC. *Medical sociology*. 13th ed. London: Routledge; 2015.
34. Bradby H. Editors. *Cost of Living*; 2015. [acessado 2015 out 11]. Disponível em: http://www.cost-ofliving.net/editors
35. Heyneman SP. The Role of Textbooks in a Modern System of Education Towards High Quality Education for All. In: Braslavsky C, editor. *Textbooks and Quality Learning for All: Some Lessons Learned From International Experiences*. Geneva: UNESCO/International Bureau of Education; 2006. p. 31-92. [acessado 2015 nov 8]. Disponível em: http://www.vanderbilt.edu/peabody/heyneman/PUBLICATIONS/roleoftextbooks.3.07.pdf
36. Robert D, Shenhav S. Fundamental assumptions in narrative analysis: mapping the field. *The Qualitative Report* 2014; 19(38):1-17. [acessado 2015 nov 8]. Disponível em: http://www.nova.edu/ssss/QR/QR19/robert22.pdf

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