

# The Sociology of Health and Medicine in Australia

## *Sociología de la medicina y de la salud en Australia*

Fran COLLYER, PhD

Department of Sociology and Social Policy. University of Sydney. Australia

Han.Eollyer@sydney.edu.au

Recibido: 25.10.2010

Aprobado definitivamente: 15.11.2010

### RESUMEN

Este artículo ofrece un análisis del desarrollo y de la institucionalización de la sociología de la salud en Australia. Como una antigua colonia británica, la sociología fue inicialmente introducida al país a través de inmigrantes británicos y europeos, desarrollándose siguiendo cinco diferentes estadios: los *años de formación* del período colonial y primeras décadas después de la Federación; el *período de interdisciplinariedad y colaboración* en la década de 1950 y comienzos de la década de 1960; el estado de *intensificación y organización* desde finales de la década de 1960 y a lo largo de la década de 1970; los años de *crecimiento institucional y especialización* en la década de 1980; una década de tanto *consolidación como de fragmentación* a lo largo de la década de 1990; y, en los primeros años del nuevo siglo, un período de *internacionalización*. Las evidencias sugieren que tanto la formación como el crecimiento de la sociología de la medicina y la salud han estado estrechamente relacionados con el propio desarrollo de la disciplina pero, a diferencia de esta última, sus límites han sido más permeables a otras disciplinas.

**PALABRAS CLAVE:** Sociología médica y de la salud, sociología de la salud médica en Australia, institucionalización de la sociología de la salud.

### ABSTRACT

This paper offers an analysis of the development and institutionalisation of the sociology of health and medicine in Australia. As a former British colony, sociology was primarily brought into the country with its British and European migrants, and developed in a series of six discrete stages: the *formative years* of the Colonial period and early decades after Federation; the period of *inter-disciplinarity and collaboration* in the 1950s and early 60s; a stage of *intensification and organisation* from the late 1960s and throughout the 1970s; the years of *institutional growth and specialisation* in the 1980s; a decade of both *consolidation and fragmentation* during the 1990s; and, in the first ten years of the new century, a time of *internationalisation*. The evidence suggests the formation and growth of the sociology of health and medicine has closely followed the developmental trajectory of the parent discipline, but unlike the latter, has more permeable disciplinary boundaries.

**KEYWORDS:** History, institutionalisation, sociology, discipline, and boundaries.

### SUMARIO

Introducción. The Early 20<sup>th</sup> Century: the Formative Years. The 1950s and Early 1960s: Inter-Disciplinarity and Collaboration. The Late 1960s and the 1970s: Intensification and Organisation. The 1980s: Institutional Growth and Specialisation. The 1990s: Consolidation Amidst Fragmentation. 2000-2010: a Decade of Internationalisation. Conclusion. References.

## INTRODUCTION

The origin and development of health and medical sociology across the globe is a narrative waiting to be told. The most detailed national history is possibly the one pertaining to the United States of America: a history often presented as if it were *the* history of health and medical sociology, rather than only one of many possible national histories. Of particular concern has been the way this American origin story has been adopted in many countries within Europe, in Britain, Australia and elsewhere, with little reference to the facts of their own, unique histories. This is of significance because the conventional origin story of the discipline propagates the erroneous view of the sociological ‘founders’ as uninterested in issues of health and illness, and the quite mistaken notion that no sociology of health or medicine can be found within the classic, canonical texts of sociology (cf: Gerhardt 1989; Cockerham 2005:11; Jefferys 2001:16; Williams 2003:133). Such propositions, first voiced in mid-20<sup>th</sup> century America, were the basis of the ‘official’ view that the emergence and growth of medical sociology (and, indeed, all speciality areas within the discipline), have their own history, as well as *their own* precursors and founders, distinct from sociology itself (Merton 1959:xxx, xxxiii; Lipset 1959; Barber 1959).

These declarations have resulted in a rather strange, distorted disciplinary history, in which the formation of the sociology of health and medicine has a period of development and growth somewhat peripheral to sociology itself. In the ‘official’ history, sociology is considered as an 18-19<sup>th</sup> century phenomenon, birthed from the industrial and French revolutions (e.g. Nisbet 1967; Alexander 1997:v), and *medical* sociology is posited as a unique and distinct development of 1950s America, derived from 20<sup>th</sup> century medicine, public health and sociology (Bloom 2002:37; Scambler 1987; Petersdorf and Feinstein 1980:27).

These ‘official’ histories of the discipline, endlessly repeated in the introductory textbooks, have little basis in fact. Not only is the tale of sociology as a response to the industrial revolution largely incorrect, but the accounting of the history of medical sociology is equally inaccurate. The

shortcomings of the first narrative have been dealt with by Connell (1997; 2005:5) and others (e.g. McLaughlin 1999; Eichler 2001; Platt 1983); while the problems inherent in the second are the subject of another paper (Collyer 2010). In the latter, it is argued that the portrayal of an interest in health, illness, the body, and medicine as a *new* sociological preoccupation, and the classical founders of the discipline as distinctly *uninterested* in such issues; are part of a doctrine, a disciplinary canon, strategically constructed in the interests of professional unity in the midst of diminishing resources, the growing domination of biomedicine, and the fragmentation of sociology in mid-century America (Collyer 2010:99).

In short, this paper is framed by the thesis that the history of health and medical sociology has been an integral part of the development of the discipline of sociology, and, as such, there is only *one* history to be told. In many, perhaps all parts of the world, the sociology of health and medicine has been present within the discipline throughout all periods of its growth. To argue the opposite of this is to concede the ground to biomedicine, and propose that only the disciplines of medicine have had the opportunity, and the inclination, to investigate and explain health and well-being. On the contrary, it is proposed that there is a very long history of sociological concern with health, and this history is equally the history of the discipline. Thus, while there can be a *focus* on those aspects of disciplinary development which are of most relevance to those of us with an interest in health and medicine; it would be both presentist and erroneous to insist that the sub-field has a distinct, independent, historical trajectory.

In this paper, an effort is made not to obscure or distort past achievements in the name of a professional project, but rather to explore the growth of health and medical sociology in Australia within the framework of the discipline as a whole. The primary focus of the paper is the twentieth century, for although there were a handful of recognisably sociological works in the Colonial era (cf: Connell 2005:6; Timms and Zubrzycki 1971), including those of W.E. Hearn and Stanley Jevons; few of these have been examined closely. Most neglected have been the writings of women social scientists. Despite their absence in the history books, quite

a number of women's works can be found from the 1830s to the 1950s. For example, Jessie Ackermann's social and political investigations of the early colonies, the Australian diaries of Beatrice Webb, and the studies of indigenous issues by Katie Langloh Parker and Daisy Bates.<sup>1</sup> These writings, particularly those prior to Federation (1901), deserve much greater attention than can be given in this paper. Hence we focus on 20<sup>th</sup> century sociological investigations - when sociology became more common - and develop a narrative of professional, disciplinary and institutional progress in the Australia context. This paper will explore an historical progression of expanding material and intellectual disciplinary resources, and the emergence of the late-twentieth century phenomenon of specialisation, wherein health and medical sociology was distinguished as a field of special study and teaching, and a label which could be adopted to indicate one's professional identity.

### **THE EARLY 20<sup>TH</sup> CENTURY: THE FORMATIVE YEARS**

Independent departments of sociology were not established in Australia until the 1950s, and hence the earliest forms of sociology emerged within other disciplines, departments, and, importantly, under the auspices of the *Workers' Educational Association* (WEA). This latter organisation, with its parent in Britain, was established in Australia in 1914 with the brief of cultivating a close association between wage workers and the universities (Mitropoulos 2005:102; Bourke 1981:28). In these opening decades of the century, the WEA operated in several states of Australia, and while classes often took place on university campuses and were presided over by university-appointed lecturers, they were not part of the formal curriculum of the university. One of these early WEA appointments was George Elton Mayo, who held the Chair of Philosophy at the University

of Queensland from 1919 to 1923 (Mitropoulos 2005:108), and eventually became a well-known industrial sociologist in the United States. Whilst working with the WEA, Mayo delivered a series of lectures in which he posited a thesis of militant radicalism among the working class as a form of mental illness, similar to a war neurosis, where the individual is unable to see reason. The solution for worker radicalism, argued Mayo, would be found in sociological research and industrial management (Mayo 1920:131, in Mitropoulos 1999; also Mayo 1919). Mayo integrated his interests in health and illness with those of social change, class and the organisation.

Other sociologists of the first half of the 20<sup>th</sup> century also had diverse interests which often incorporated health and well-being. Many of these were in the WEA as well as the universities, including Meredith Atkinson (WEA, the University of Sydney and then the University of Melbourne), Clarence Hunter Northcote, Herbert Heaton (University of Tasmania and University of Adelaide), and John Alexander Gunn (WEA and the University of Melbourne). In this period, the use of the descriptor 'sociologist', was applied more rarely than it is today. In large part this was the result of an undeveloped tertiary sector, without sociology departments and the capacity to produce PhDs. Thus the majority of Australian scholars with post-graduate qualifications had completed these in other countries. The usual country of origin was Britain, where sociology had some institutional presence (albeit outside the more prestigious universities of Cambridge or Oxford). However Britain's involvement with the European wars meant it had little capacity to produce spare scholars for the antipodes. As a consequence, the majority of scholars appointed in Australia in this period had degrees from other disciplines. Luckily, some of these individuals had previously been introduced to sociological theories or methods, and this experience, particularly with the use of social surveys, assisted with the building of sociological expertise within the country.

---

<sup>1</sup> Exceptions to this general neglect might be works from Ann Standish (2008), Mary Louise Pratt (1992) and Sara Mills (1991); though these do not examine the historical writings for sociological perspectives nor do they focus on issues of health and medicine.

One example of a fortuitous appointment was Wilfred Prest, an Englishman with an education in economics from Leeds University. Prest was appointed to the University of Melbourne in 1938, and brought with him an experience in the 'scientific' social survey. Soon after his arrival, Prest secured the financial support of the Ministry of Post-war Reconstruction, the University and a group of Melbourne businessmen to undertake a social survey of the housing and income status of the people of Melbourne (Davison 2003:151). Prest's (1952) work has recently been described as a 'notable pioneering venture in Australian urban sociology' (Crozier 2002).

In addition to Prest, there were many other social surveys undertaken during the 1940s and 50s. They had their shortcomings. Few were theoretically framed, they did not add to a cumulative body of work, and most employed fairly rudimentary methods (Ancich *et al* 1969:49).<sup>2</sup> Nevertheless, these surveys targeted all areas of social life including the incidence of disease and poverty in the aftermath of the Second World War, in addition to the topical issues of urbanisation, industrialisation and migration. One of the more notable was a study of adolescents in Sydney by the educationalist W.F. Connell. Connell conducted the survey in 1951 and it was later published as *Growing Up in an Australian City* (Davison 2003:155). Several others were conducted by Oscar Oeser, a social psychologist at Melbourne University. In 1949, Oeser was funded by the *Social Sciences Research Council* to provide a study of rural and urban communities. Carried out by his younger colleagues, F.E. Emery and Sam Hammond, these social surveys examined 'the individual's adjustment to his social setting' (Davison 2003:156; and see Oeser and Hammond 1954; Oeser and Emery 1954). More pertinent to a history of health and medical sociology are the social studies conducted by social workers and social reformers. In this respect, the survey of the elderly by Bertram Hutchinson (1954), undertaken on behalf of the Department of Social Work at the University of Melbourne, is of some

significance, as are the many research studies produced by the *Brotherhood of St Lawrence*, including one which examined the circumstances of low-income families in Melbourne, their needs for service provision and income support (e.g. Mozer 1955). The latter organisation was almost an anomaly in a country with no true history of non-religious philanthropy, very few large companies, and an entrenched propensity to turn to government for assistance. During this period, (and indeed even in the present era), virtually all sociological efforts were supported by government, with only a handful of surveys originating in the private or 'third sector'. In this environment the *Brotherhood* was a significant player, filling a niche where there were few academic sociologists and even fewer sociology departments. By the late 1960s the *Brotherhood's* role diminished as it began to focus less on research and more directly on services. By this time however, 'there were other researchers, including members of the newly founded departments of sociology at Monash and La Trobe, who were better able to take up the broader social research agenda' (Davison 2003:158).

#### **THE 1950S AND EARLY 1960S: INTER-DISCIPLINARITY AND COLLABORATION**

In the first half of the twentieth century, as we have seen, there was no separate arena of health and medical sociology, just as there was no entirely bounded field of sociology in Australia. Sociological perspectives on health and medicine, like sociological investigations of other areas of social life, often emerged from scholars working in other fields, or schooled within other disciplines. Scholarly interest in health and medical sociology as a specialised field eventually emerged, but, in a country with a small population and a general reticence to fund departments of sociology, its beginnings grew from an inter-disciplinary mix of social psychology, history, demography, anthropology, social work, social psychiatry,

<sup>2</sup> This lack of methodological rigour continued until the late 1950s. At this point, Australian scholars began to be influenced by the American survey method and leading methodologists such as Paul Lazarsfeld. The adoption of the new ideas led to high-standards in research design, sampling methods, and the design of questions (Ancich *et al* 1969:49).

social epidemiology, public health and medicine. Many of the individuals involved in its earliest days were health/medical practitioners who frequently attended sociological gatherings and displayed an enthusiasm for the social aspects of illness. An important early influence was Jerzy Krupinski, a medical doctor and epidemiologist with a keen interest in migrant health. Krupinski was employed at the Mental Health Research Institute, a unit established in 1956 by the Victorian Health Department to monitor the state's psychiatric services. Krupinski identified one of his interests as 'medical sociology' in his application for membership to the *Sociological Association of Australia and New Zealand* (SAANZ) (See SAANZ 1970); and his writings can be considered sociological to the extent that they were concerned with the systematic mapping of the social class and ethnic characteristics of psychiatric patients (e.g. Krupinski and Stoller 1968).

Another of these early, inter-disciplinary scholar-practitioners, was Neville Yeomans, a biologist, psychiatrist, psychologist, and barrister. Yeomans was the New South Wales (NSW) equivalent of Krupinski, being the founding director of Fraser House (a community-based psychiatric unit set up in 1959 by the NSW Health Department). Yeomans pioneered action-research among the mentally ill, working on the principle that the re-building of a patient's social network would reduce their mental distress and help them back to 'functionality'. In the 1960s he set up the *Clinical Sociology Research Study Group* (Yeomans 1965), and in 1967 this radical psychiatrist led a tour group of sociologists from the annual SAANZ conference to see Fraser House at the North Ryde Psychiatric Hospital (Richmond 2005:60).

In these earliest decades of sociological work in Australia, the community of university-based sociologists was rather too small for academics to consider specialising in any one sub-field. (The membership of SAANZ was less than 150 in 1965, see Jones 1973:1). Hence, in the 1950s and 1960s, while several sociologists published works about health or medicine, these same individuals were generally interested in many fields and did not restrict their topics as some do today. An early sociologist, Athol Congalton, was typical in this respect. Congalton, originally

from New Zealand, was the Professor of Sociology for many years at the University of New South Wales. Congalton became known for his work on social status and stratification (Congalton 1969), but also for his investigations into nursing (e.g. Congalton 1963) and his undergraduate texts on health sociology (Congalton and Najman 1971; Congalton 1976).

The career progression of John Western, a sociologist of some standing in Australia until his passing in 2011; offers a second example of the extent to which scholars of the period moved readily between disciplines and rarely specialised in health or medical sociology. Western completed his *Social Studies Diploma* in 1954 and collected a Masters degree in *psychology* at the University of Melbourne. He later completed a PhD in *sociology* in 1962 at Columbia University (in the United States). Early publications ranged from student attitudes (Anderson and Western 1967), to policing (Wilson and Western 1972), military conscription (Western and Wilson 1968), but also health and medicine (e.g. Western 1976; Najman *et al* 1981).

An indication of the rising interest in sociology in the 1960s was the appearance of some new scholarly journals. One was the *Australian Journal of Social Issues*, with its first issue in 1961. Another was the *Australian and New Zealand Journal of Sociology*, with its first edition in 1965. Foreign sociology journals also began to be made available in Australia, such as the American health publication, *Journal of Health and Social Behavior* (published from 1960), and the British journal, *Sociology* (from 1967). A review of health-related journal publications by Australian sociologists of the period indicates the prevalence of topics such as alcohol abuse, health and welfare services, policy, and social class, with something of a lesser focus on Aboriginal health, fertility trends, mental illness and the problems of the migrant population. Few of these papers were theoretically framed, but where sociological theory was in evidence, the dominant theoretical paradigm among members of this small group was functionalism, with a small component of Feminist and Interactionist perspectives also apparent. The primary methodological approach for those undertaking empirical research was overwhelmingly quantitative.

The pre-dominance of the above issues and the general paucity of theorising in these publications gives strength to the view that social science research in the 1950s and 60s was shaped by the concerns of others, rather than the small sociological community. The disciplines of anthropology, demography, psychiatry and social work, with their longer history of institutional presence and more established political networks, were able to dominate the policy and research agendas. As a consequence, research was fairly conservative and homogenous, though some variation was introduced into the home-grown program by visiting scholars. For instance, in 1969, Julius Roth from the University of California was a guest at the University of New South Wales. Roth brought with him a special interest in the natural health movement (ANZJS 1969:158).

### **THE LATE 1960S AND THE 1970S: INTENSIFICATION AND ORGANISATION**

The years between the late 1960s and the end of the 1970s marked a period in which there was a heightening or intensification of the discipline and an associated organisation of sociologists into societies and associations. Sociology began to have a greater presence in the university system, and was introduced as a 'major' in the 1960s (i.e., as a continuous course of study throughout the undergraduate degree program) in at least four universities, and in another seven during the 1970s (see Scott 1979:3). These changes occurred alongside a general expansion in student numbers, and, importantly, an influx of mature students amidst the rise of student movements. This latter heightened the awareness of social issues and students began to place demands on the staff of sociology departments to address social problems and offer, in addition to the 'core' courses (on method and theory), a set of 'electives' on specialist areas (Scott 1979:5-8).

Several associations were formed during this period, helping to stimulate interest in the sociology of health and medicine and develop the intellectual field through the holding of regular meetings and the building of networks of like-minded researchers/practitioners. One of these was the formation of a medical sociology section of the professional association, SAANZ, in 1967 (Richmond 2003:60-63; ANZJS 1967:149). The first meeting of the Medical Section was opened by the Chair of Sociology at the University of New South Wales, Sol Encel. The speakers were all specialists in medicine or public health (albeit with an interest in sociology), rather than academic sociologists, including John Cawte, a psychiatrist (see ANZJS 1968:152). SAANZ had been formed in 1963: only a few years prior to the Medical Section. Hence the Medical Section was the first of the speciality areas to emerge, and, despite its subsequent change of name to the Health Sociology Section, has remained the largest, attracting a significant proportion of the papers at each annual conference.<sup>3</sup>

Other relevant associations constructed during this period include the Melbourne-based, *Medical Sociology Group*. This body was auspiced by SAANZ and run by Katy Richmond and Rosemarie Otto in the late 1960s and early 1970s (Richmond 2003:60-63). Another was the establishment of the *Australian and New Zealand Society for Epidemiology and Research in Community Health* (ANZSERCH) in 1970 by Basil Hetzel.<sup>4</sup> This latter association was eventually transformed into the *Australian Public Health Association* (APHA), but in its earliest manifestation was an important forum for sociologists to meet other sociologists but also epidemiologists, public health specialists, medical practitioners and the small band of emerging health economists (see Deeble 2004:1). Some of the early attendees include Neville Hicks (public health), John Deeble (economics), Thelma Hunter (political science), Jane Shoebridge (nursing and sociology) and Evan Willis (medical sociology).

<sup>3</sup> Indeed, the Medical Section continued as a significant dimension of the national association, even after the withdrawal of the New Zealand sociologists from the federal body and the separation of SAANZ into two independent units in 1988: The Australian Sociological Association (TASA) and the Sociological Association of Aotearoa (New Zealand).

<sup>4</sup> Basil Hetzel, who graduated in medicine from Adelaide University in 1944, became the Foundation Professor of Social and Preventative Medicine at Monash University in 1968. Hetzel's interest in the social aspects of medicine and health lent a much needed legitimacy to the growing sub-field. His 1974 book *Health and Australian Society* subsequently sold nearly 40,000 copies.

In addition to the construction of formal organisations and associations, there were other suggestions that health sociology was strengthening as a field of interest at this time. One indication is the number of members listing their 'area of special interest' in the association's public membership directory as 'medical sociology', and the proportional increase in this group over the decade (cf: SAANZ 1970; Scott 1979:21). A second is found in the teaching of health or medical sociology to sociology students as early as the mid 1960s. One very early course was taught by Athol Congalton at the University of New South Wales (see Willis 1982:145), and another began in the Department of Anthropology at the University of Western Australia (ANZJS 1965:136).

A third indication of rising interest in the field of health sociology is in the number of health-related papers presented at conferences. At the third annual conference of SAANZ at Monash University in 1965, several papers presented were of a health or medical nature, including papers from Alan Stoller and Jerzy Krupinski (ANZJS 1965:133). With the formation of the Medical Section of SAANZ in 1967, the quantity of papers increased significantly at both the 1967 and 1969 SAANZ conferences (ANZJS 1967:152; 1970:70). Papers presented at the 1969 conference also offer an insight into the topics of interest of the period. In the Medical Sociology Section, Basil Hetzel gave the opening address, and presentations were given by Alan Stoller (a psychiatrist from the Mental Health Authority, Melbourne), on the social characteristics of patients with schizophrenia; Frederick Ehrlich (a surgeon from the NSW State Psychiatric Services), offered a paper on disability; Jerzy Krupinski a paper on deserted mothers; Julius Roth (a visitor from the University of California), a paper on the natural health movement; G. Graves, a paper from her study of attitudes toward mental health; Barry Maley, (a student of anthropology at the ANU), a paper on social stress; and John Brehaut (from the Department of Anthropology and Sociology at Monash University), a paper on hospital organisation (cf: ANZJS 1970:70; SAANZ 1970).

It was during this period that several health sociology books were produced and became invaluable for teaching in sociology, nursing

and other areas of health and medicine. Books included a study of alcoholism by Margaret Sargent (1973), a sociological investigation into mental illness by Erica Bates (1977), and an edited collection on the professions by Paul Boreham, Alec Pemberton and Paul Wilson (1976). Such texts offered perhaps some of the first distinctly sociological perspectives on health and medicine from Australian authors, as opposed to the many books on the *social aspects of health* written by public health specialists, epidemiologists, economists, and practitioners (e.g. Sax 1972; Diesendorf 1976; Scotton 1974).

A review of health-related journal publications from Australian authors indicates little change in the major topics of interest between the 1960s and the 1970s. The interest in alcoholism, deviance and the health system continued, although a few more papers appeared on the subjects of class and professionalisation in the latter period. Theoretically, functionalism was on the wane, while Marxist, Weberian, Durkheimian, Interactionist and Feminist perspectives were on the rise. Quantitative methods were still in the ascendance.

An important factor shaping the development of health and medical sociology in Australia during this period was its close association with sociology departments. Unlike the British case, where medical sociology was initially established inside departments of medicine and consequently failed to incorporate the theories and concepts of mainstream sociology (cf: Seale 2008:679); Australian health sociology formed in conjunction with the broader discipline, and primarily within the faculties of arts and the social sciences. While this institutional perch did not prevent a number of Australian sociologists from finding positions within nursing, public health and medicine, (nor from providing 'service' teaching to these disciplines), it offered a greater possibility of maintaining a crucial connection with the discipline of sociology itself.

Despite the fledgling status of the field, and the continuing permeability of its disciplinary boundaries, sociology underwent a period of significant intensification over the fifteen year period of the late 1960s and the 1970s. Although many among the small community of sociologists displayed an interest in health and medicine, this was not a time of specialisation within the

discipline. Nevertheless, the emergence of specialist journals, the formation of the health section of the professional association and the production of health and medical sociology textbooks are all indicators of the intensification of the field.

### **THE 1980S: INSTITUTIONAL GROWTH AND SPECIALISATION**

The 1980s heralded a significant modification in circumstances. Much of this resulted from changes within the university sector itself. In 1939 there were only six universities in Australia, 14,000 students enrolled in the tertiary sector, and the country's population was seven million. In 1964 there were ten universities, 72,000 students, and a total population of eleven million people (Mayer 1964:27). By 1980, enrolments had increased to 330,000, there were 20 universities, and the Australian population stood at more than 14 and a half million people (ABS 2002). Thus, 1960-80 represented a significant period of expansion and radical change in the university sector. Not only were there large increases in student numbers, a restructuring of the system to eradicate the difference between institutes, colleges and universities, and the creation of many new universities; but nursing education shifted from the hospital to the tertiary sector.

This expansion meant an upsurge in the number of sociology departments and more possibilities for service teaching in areas such as nursing, education and social work changes. It also brought many more career opportunities for academics. By 1980, there were departments of sociology (often combined with anthropology, social work or social policy) at the Australian National University (from 1950), and the Universities of Queensland (from 1965), New South Wales (from 1959), La Trobe (from 1966), Flinders (1980), Tasmania, New England (from 1962), Monash (from 1964) and Macquarie (from 1969). Apart from the University of Tasmania, independent sociology departments were created in the newer universities, and not the long-established 'sandstones' of Sydney, Melbourne, Adelaide or Western Australia. This historical pattern is similar to the development

of sociology in the UK and the USA, where the discipline was not favoured in the elite universities of Cambridge or Oxford, nor in the Ivy League universities of the United States.

It was in the decade of the 1980s that books and journal articles began to be produced in Australia by sociologists who were, for the first time, able to build a career within the speciality area of health or medical sociology. One of the more notable of these is Jakob Najman, who has spent most of his career at the University of Queensland. Najman completed his PhD in 1978 with Athol Congalton, and took up an interest in health and health services, particularly with regard to migrant health. In subsequent decades, Najman has essentially kept to the field of health and social epidemiology (e.g. Najman *et al* 1981, 1983; Lupton and Najman 1995). A second notable sociologist of health and medicine of almost the same generation is Evan Willis. Willis was born in New Zealand but arrived in Australia in the late 1970s to pursue doctoral studies. This sociologist produced a significant treatise on the division of labour in medicine and the phenomenon of medical dominance (Willis 1983). Willis subsequently followed an almost exclusive interest in the health and medical sector (e.g. Willis 1988, 1994, 1998; Daly, McDonald and Willis 1992; Daly, Green and Willis 1987), and has been instrumental in the mentoring of a generation of sociologists of health and medicine, particularly in Victoria.

The 1980s was thus the period of specialisation, and of a gathering of momentum within the sub-field of health sociology. Bryan Turner, a sociologist from the United Kingdom, took up the Chair of Sociology at Flinders University in South Australia, and in 1984 produced *The Body and Society*, followed in 1987 by *Medical Power and Social Knowledge*. These, like Willis' 1983 *Medical Dominance*, helped to invigorate the field and encourage theorising in the sociology of health and medicine. Other significant books published in the 1980s include a study of Aboriginal health called *Health Business*, authored by Pam Nathan and Dick Leichleitner (1983); *Sociology and the Nurse* by Frank Lopez (1982); *Health Systems and Public Scrutiny* by Erica Bates (1983); *Where It Hurts* by Cherry Russell and Toni Schofield (1986); *Healers and Alternative*

*Medicine* by Gary Easthope (1986); *Health Care and Public Policy* by George Palmer and Stephanie Short (1989); and the textbook, *Sociology of Health and Illness: Australian Readings* by Gillian Lupton and Jake Najman (1989).

Topics of research interest, as reflected in the journal publications of the period, show a continuing concern with the health system, the medical profession, social class, and fertility (particularly contraception and reproduction); a rising interest in medicalisation, professionalisation and medical dominance, in capitalism, social movements and inequalities such as disabilities; and a lessening of interest in alcohol and drug abuse, migration, race and ethnicity, religion and deviance. Papers were still often untheorised, but among the small group of theoretical papers, functionalism had disappeared entirely while Marxism and Feminism had gained considerably in strength. Still in evidence were the Weberian, Durkheimian, Interactionist and Constructionist perspectives. Quantitative methods continued to dominate the empirical studies. Overall, this decade was one of growth and consolidation for the discipline, with, for the first time, an adequacy of Australian materials for research and textbooks for teaching the sociology of health and medicine.

### THE 1990S: CONSOLIDATION AMIDST FRAGMENTATION

By the 1990s, the sociology of health and medicine had become firmly entrenched as a significant element of the Australian sociological landscape. A number of sociologists were choosing to specialise in the sociology of health and medicine for their research and/or teaching, and it had become an effective career path through sociology. This consolidation was particularly in evidence with changes to the Health Sociology Section of TASA, which had, by this date, developed a constitution, formed state branches, appointed convenors for each branch, and was

holding regular meetings to review progress and encourage collaboration. A 'Health Day' was held annually, often on the day prior to the TASA conference, at a pleasant venue such as a vineyard or beachside resort. These events became important for recruiting and welcoming post-graduates and 'early career' sociologists into the field. Membership of the section continued to reflect a diversity of disciplines, including members from the health and medical professions, but it now had a strong 'core' of academic sociologists. The majority of members of the health section by 1990 were women, reflecting in large part the influx of women graduates into the university sector.

A major development of the Health Sociology Section of TASA was the creation of its own academic journal in 1991, the *Annual Review of Health Social Science*. (The name of the journal was changed in 2001 to the *Health Sociology Review*). Initially edited by Jeanne Daly and Allan Kellehear from the Department of Sociology at La Trobe University, (with Evan Willis joining the team in 1992), the editorship thereafter changed hands fairly frequently.<sup>5</sup> In the 1990s, the journal provided sociologists with a much needed, local outlet for their work, offering some competition to the more established journals.<sup>6</sup> The support of members of the health section was crucial in the success of the publication, as these individuals were, and continue to be, the major constituents of the journal's community of peer reviewers, contributors and subscribers.

Other indications of the strength of the sociology of health and medicine during the period were the many textbooks published for the teaching of undergraduates (e.g. Waddell and Petersen 1994; Grbich 1996; Cheek *et al* 1996; Germov 1998; Petersen and Waddell 1998; Willis 1994; Daly 1996; Daly *et al* 1997; Short *et al* 1993); as well as numerous other books on health sociology (e.g. Daniel 1990; Kellehear 1990; Lupton 1994, 1995; Turner 1992; Petersen and Bunton 1997).

<sup>5</sup> Except for the period 2004 to 2009 (inclusive) when the author of this paper was the Editor in Chief of the Health Sociology Review.

<sup>6</sup> Health Sociology Review continues to be competitive. Based on impact factors, it is currently the highest ranking sociology journal in Australia.

The 1990s was also a decade of rejuvenation in sociological theorising. New theoretical frameworks were brought to the Australian landscape by the return of expatriates, the appointment of foreign sociologists, and Australian-based sociologists with sufficient funds in their research accounts to visit the sociological 'metropole'. Australian sociology was therefore introduced to, and slowly began to explore the new theories of risk; Bourdieu's notions of habitus, social capital and the field; post-structuralism; post-modernism; embodiment; and Foucauldian analysis. This was reflected in the many texts produced at the time (e.g. Turner 1992; Lupton 1994, 1995; Petersen 1998; Petersen and Bunton 1997). Applying these new theories and perspectives, the sociologists of health and medicine began to take up new areas of study (particularly the body and the patient as consumer), and offered a new orientation toward medicalisation.

Somewhat surprisingly, existing theoretical frameworks did not suffer. While many journal publications in the sociology of health and medicine had previously been largely untheorised, the 1990s witnessed a significant heightening of theoretically informed studies, with the solid majority of academic papers now employing an explicit, sociological theoretical framework. Thus Feminist, Interactionist and Constructionist theories were employed by more sociologists (e.g. Reiger 1999; Broom 1995; Lane 1996; Zadoroznyj 1999; Hunt 1996; Guillemin 1996), at the same time as the new theories came into vogue. Interest in existing frameworks included Marxian analysis, which maintained its popularity during decade. This latter may have been a sociological response to the widespread threat, and the many incidences of, privatisation and contracting-out within the Australian health care sector at that time (e.g. Collyer 1996, 1997, 1998; White and Collyer 1997, 1998).

In the midst of this rejuvenation and strengthening of Australian sociology, the discipline also experienced fragmentation. The creation of a *Centre for the Body and Society* at Deakin University, headed by Bryan Turner, was symptomatic of this new phenomenon but at the same time a driving factor in the proliferation of speciality areas. The growth of cultural studies on many university campuses - a multi-disciplinary

rather than inter-disciplinary arena for research and teaching - was also a relevant development. New journals, new thematic groups, specialist conferences and new departments, all began to draw sociologists away from activities within a general sociological 'core' toward sites of innovation: Leisure Studies, Queer Studies, Gender Studies, Criminology, Socio-Legal Studies, Masculinity and Society, etc.

This new concern with 'culture' rather than 'structure' saw a dramatic fall in the sociological interest in social class for the first time, but also a decline in sociological concern with ethnicity, race, and religion. It also meant a new concentration on sexuality and masculinity (often linked directly with the phenomenon of HIV/AIDS, e.g. Dowsett 1996; Kippax *et al* 1993; Connell and Dowsett 1993), science (e.g. Willis 1998), and the sociology of food (e.g. Germov 1997). Perhaps also associated with this cultural turn was the radical switch from quantitative to qualitative analysis. Within only a few years, the dominance of quantitative methods in the sociology of health and illness disappeared, and the majority of empirical, sociological papers were enthusiastically qualitative. This radical shift in methodology cannot be explained without reference to gender. Prior to the 1990s, Australian health sociology and sociology in general were comprised primarily of men, but this dominance was reversed from 1990. This surge of women, drawing support from their networks within the Health Section and the Women's Section of TASA, invigorated the Feminist approach to health sociology and became vocal proponents for qualitative methodologies (e.g. Wadsworth 1984, 1991; Daly 1996; Richards and Richards 1981; Richards 2005; Grbich 1999; Kirkman 1999). In the process, these sociologists overwhelmed the much smaller group of quantitative sociologists (who were primarily men), radically re-orienting the discipline.

Despite this significant methodological shift, the appearance of new subjects for study, and the threat of disciplinary fragmentation (with the rise of cultural studies and a plethora of new theoretical frameworks); sociology did not suffer during this decade. On the contrary, a new interest emerged in sociology *itself*. Although some attention had been paid to the examination of sociology during previous decades, particularly

with regard to issues of professionalisation and the permeability of the borders of the discipline (e.g. Willis 1982; Zubrzycki 1979; Cock *et al* 1979; Bottomley 1974); the 1990s witnessed a flurry of public debates on sociology as a body of knowledge, a discipline, an occupation, and a profession. Reflections on sociology appeared in the sociological journals, at conferences, in monographs and government reports (e.g. Western 1998; Baldock 1994; Connell 1997), stimulating debate about the curriculum, sociological knowledge, and the future direction of the discipline. The sociology of health and medicine was not unaffected by the renewed attention, and reflections on this area of sociology also intensified during the decade (e.g. Willis 1991; Turner 1990; Lupton 1993; Daly 1998). The period was consequently one of renewal and self-reflection in Australian sociology, and it indicated the beginning of a new era of maturity for both sociology and the sociology of health and medicine.

### **2000-2010: A DECADE OF INTERNATIONALISATION**

The most recent decade of Australian sociology has been one of consolidation rather than radical change, with health sociology maintaining a strong position as one of the more significant areas of teaching and research (see Marshall *et al* 2009). However, it might also be viewed as a period of internationalisation. Australia has long been a country of immigrants, and many of its health sociologists (even in the present generation) were born overseas (e.g. Jake Najman, Evan Willis, Dorothy Broom, Margaret Sargent, Kevin White, Bryan Turner, Alec Pemberton, Charles Waddell, Fran Collyer). Nevertheless, as we entered the new century, Australian sociologists became more aware of the pressure from their colleagues and university management to engage more directly with global intellectual networks, seek further opportunities for international collaboration, and publish in the 'core' European or American journals.

The response from sociologists of health has produced a decade of internationalisation. There has been an increasing level of collaboration between Australian and foreign sociologists for

sociological research and publication, a rise in the number of foreign visitors in Australian sociology departments, a greater representation of Australian sociologists at international conferences and workshops, a weightier presence of international publishing houses in the Australian market, and an influx of foreign authors seeking to publish in the Australian-based journal, *Health Sociology Review*.

One of the impacts of this internationalising process, has been a reduction in the amount of time between the development of new theories or concepts in Britain, Europe or America, and their uptake and modification in the Australian context. (The opposite trajectory is a more tenuous one, and rarely occurs given the domination of the resource-rich, intellectual centres of the 'metropole', see Connell 2005). This has, in turn, enhanced the capacity of Australian sociologists to take part in international debates and theory development.

Evidence for this trend can be found from a review of Australian health sociology publications over the decade, where there are indications of a number of shared areas of interest between Australian health sociologists and those of the UK and the USA. For instance, all three countries demonstrate an increasing concern with the concepts of globalisation, internationalisation and social capital; while sociologists in the UK and Australia have paid increasing attention to Bourdieu (cf. Seale 2008:692).

In general however, theoretical and empirical work throughout the decade has continued to reflect Australian concerns and issues. Reproductive issues showed something of a resurgence, with a focus on the new fertility technologies, paternity testing and tests for foetal 'abnormalities' (e.g. Gilding 2006; Dempsey 2008). This interest may have been stimulated by public debates and changes to legislation concerning families, adoption and children's rights during this period, although there has been greater consideration of the new genetic technologies generally (e.g. Leontini 2006). A small revitalisation of interest also occurred regarding issues of ethnicity, race, and Indigenous health (e.g. Pyett *et al* 2008; Saggars and Gray 2001), and this was principally sparked by the highly controversial Commonwealth government intervention in the Northern Territory. At the

same time, fewer papers can be found on the topics of sexuality and masculinity. Unlike the other changes, this one is likely to reflect the emergence of many new specialist journals (and a flight from the sociology journals) rather than an overall fall in interest in these matters. Finally, the decade has also seen its share of locally produced health sociology textbooks for the undergraduate market (e.g. White 2002; Gray 2005; Willis and Elmer 2007; Willis, Reynolds and Keleher 2009), and a range of research books exploring theories of consumerism, the health care system, death and the body (e.g. Henderson and Petersen 2002; Stanton *et al* 2005; Kellehear 2000; Petersen 2007).

## CONCLUSION

This investigation into Australian health and medical sociology has revealed an intimate connection between the origin of the sub-field and the formation of the parent discipline. There are not two 'histories' to be told here. Although there has been a dearth of investigation into early sociological writings, particularly from women authors during the Colonial period and the years following Federation, the few glimpses we have of the formative years suggest that Australian sociology was as concerned with health and well-being as it was with other issues such as cultural difference, migration, class and urbanisation. Specialisation within the discipline did not occur during the inter-disciplinary years of the 1950s and early 60s, and remained rare in the 1960s and 70s. Even when a career in the sociology of health and medicine became a possibility from the 1980s, only a relatively small handful of sociologists devoted themselves entirely to this field, with the greater majority following a more general career trajectory with occasional forays into issues of health or medicine.

This secure connection between the sub-field and the parent discipline in the contemporary era has been the result of three factors. One, the common, inter-disciplinary history of 'mainstream' and health sociology. Two, the small size of the sociological community, which has encouraged the inclination toward generalisation rather than specialisation. And three, the tendency for many sociologists of health to be provided with

employment within the social sciences rather than exclusively in departments of medicine. As a consequence, contemporary research in the sociology of health and medicine in Australia is an arena which shares the theoretical and methodological concerns of the discipline of sociology, and is similarly broad-ranging and eclectic in its choice of subject matter.

Having said that health and medical sociology has grown into a substantial speciality area of sociology, and health and medical studies represent a large proportion of the sociology produced in this country; it is important to emphasise that the discipline itself is not large in world terms. Although it 'punches above its weight' with regard to international publications and participation in public events and debates, it *is* a small community. This is, in part, a product of nomenclature. Scholars and practitioners in Australia are far more reticent to identify as sociologists than they are, say, in the United States, where the label is frequently adopted by scholars from disciplines that Australians would recognise not as sociology but social psychology, social epidemiology, demography, anthropology or social policy. As a consequence, there are a greater number of scholars and practitioners in Australia performing work which might, in another national context, be considered under the rubric of health or medical sociology. In this country however, they do not identify as sociologists, nor are they recognised as sociologists within the institutions or the various discipline-based, professional associations. This characteristic of Australian sociology is likely to continue unless there is a radical shift in government policies regarding research funding, a reform in the structure of career progression inside the university system, and cultural renewal within sociological community.

This relatively impermeable boundary surrounding the present discipline is surprising given the historical circumstances of the origins of Australian sociology. As the paper has shown, sociology eventually secured a place in the academy through the persistent efforts of an inter-disciplinary mix of scholars, policy makers and practitioners. Sociology was not simply 'adopted' into the country from Britain, the USA or Europe, but grew in an organic fashion when an enthusiastic group of individuals - with very different understandings of sociology -

shared interests, collaborated, and developed formal social networks, associations, newsletters, journals and eventually, discipline-based departments. Unlike the parent discipline, the early enthusiasm for inter-disciplinary mixing has remained a feature of the sub-field today. Sociologists of health and medicine require the co-operation and input of specialists from other disciplines of health, medicine and science, and they are driven to expend greater effort toward the building and maintenance of professional, scholarly and policy networks and informal partnerships within and beyond the university system. These forms of inter-disciplinary collaboration are made possible through the sharing of sociological concepts and perspectives, for these offer an unusually effective means of communicating across diverse disciplines. This inter-disciplinarity does not appear however, to have remained a feature of the parent discipline in Australia. Questions can therefore be asked

about the factors which have shaped the professionalising process in this country, altering its essentially inter-disciplinary character over a fifty year period and severely restricting the size of the sociological community.

Questions need also to be posed about the sociology of health and medicine. This paper has only touched, very lightly, on matters concerning the indigenisation of knowledge, on imperialism, on post-colonialism. Clearly, much of the sociology of health and medicine in Australia continues to be imported from Britain, Western Europe and America. Nevertheless, as this paper has sought to reveal, this has not been a straightforward process of adoption. The extent to which there is a distinctive national sociology of health and medicine in this country, and whether sociologists have been able to resist the homogenising dynamics of globalisation and imperialism, is an empirical question. As always, the research agenda continues to expand ...

## REFERENCES

- ABS (2002) *Education and Training Indicators, Australia Catalogue No. 4230.0* Australian Bureau of Statistics: Canberra.
- ALEXANDER, J. (1997) 'General Introduction' in Alexander, J.; Boudon, R. and Cherkaoui, M. (eds) *The Classical Tradition in Sociology: The American Tradition* Volume 1. Sage: London. pp. i-xv.
- ANCICH, M.; CONNELL, R.W.; FISHER, J.A. and KOLFF, M. (1969) 'A Descriptive Bibliography of Published Research and Writing on Social Stratification in Australia, 1946-1967' *Australian and New Zealand Journal of Sociology* 5(1):48-76.
- ANDERSON, D.S. and WESTERN, J.S. (1967) *An Inventory to Measure Student's Attitudes* University of Queensland Press: St Lucia.
- ANZJS (1970) 'Notes and Announcements' *Australian and New Zealand Journal of Sociology* 6(1):70-3.
- ANZJS (1969) 'Notes and Announcements' *Australian and New Zealand Journal of Sociology* 5(2):157-9.
- ANZJS (1968) 'Notes and Announcements' *Australian and New Zealand Journal of Sociology* 3:152.
- ANZJS (1967) 'Notes and Announcements' *Australian and New Zealand Journal of Sociology* 3(2):149.
- ANZJS (1965) 'Notes and Announcements' *Australian and New Zealand Journal of Sociology* 1(2):132-6.
- BALDOCK, C.V. (1994) 'Sociology in Australia and New Zealand' in Mohan, R.P. and Wilke, A.S. (eds) *International Handbook of Contemporary Developments in Sociology* Greenwood Press. pp. 587-622.
- BARBER, B. (1959) 'The Sociology of Science' in Merton, R.; Broom, L. and Cottrell, L. (eds) *Sociology Today* Basic Books: New York, pp. 215-228.
- BATES, E.M. (1977) *Models of Madness* University of Queensland Press: St Lucia.
- BLOOM, S. (2002) *The Word as Scalpel* Oxford University Press: New York.
- BOREHAM, P.; PEMBERTON, A. and WILSON, P. (1976) *The Professions in Australia: A Critical Appraisal* University of Queensland Press: St Lucia.
- BOTTOMLEY, W.J. (1974) 'The Climate of Opinion in Australasian Sociology' *The Australian and New Zealand Journal of Sociology* 10(1):64-69.
- BOURKE, H. (1981) 'Sociology and the Social Sciences in Australia, 1912-1928' *Australian and New Zealand Journal of Sociology* 17(1):26-35.

- BROOM, D.H. (1995) 'Masculine Medicine, Feminine Illness: Gender And Health' in Lupton, G. and Najman, J. (eds) *Sociology of Health and Illness: Australian Readings* Macmillan. pp. 99-112.
- CHEEK, J.; SHOEBRIDGE, J.; WILLIS, E. and ZADOROZNYJ, M. (1996) *Society and Health: Social Theory for Health Workers* Longman: Melbourne.
- COCK, P.; HAY, C.; GIDLOW, B. and WILLMOTT, B. (1979) 'The Indigenisation of Sociology in Australia and New Zealand' *Australian and New Zealand Journal of Sociology* 15(3):69-76.
- COCKERHAM, W. (2005) 'Medical Sociology and Sociological Theory' in Cockerham, W. (ed) *The Blackwell Companion to Medical Sociology* Blackwell: Victoria, pp. 3-22.
- COLLYER, F.M. (2010) 'Origins and Canons: Medicine and the History of Sociology' *History of the Human Sciences* 23(2):86-108.
- COLLYER, F.M. (1998) 'Privatisation On The Agenda: Policy Directions in Health Care' *The Australian Journal of Hospital Pharmacy* 28(2):108-11.
- COLLYER, F.M. (1997) 'The Port Macquarie Base Hospital: Privatisation and the Public Purse' *Just Policy* 10:27-39.
- COLLYER, F.M. (1996) 'Measuring Privatisation: An Overview of Methodological Approaches' *Just Policy* 7:24-34.
- CONGALTON, A.A. (1976) *The Individual in Society: An Introduction to Sociology for Nurses* Wiley: North Ryde.
- CONGALTON, A.A. and Najman, J.M. (1971) *Nurse and Patient, A Sociological View* F.S. Symes: Sydney.
- CONGALTON, A.A. (1969) *Status and Prestige in Australia* Cheshire: Melbourne.
- CONGALTON, A.A. (1963) *Nurses' Evaluation of Occupational Status and Other Studies* New South Wales College of Nursing: Sydney.
- CONNELL, R. (2005) 'Australia and World Sociology' in Germov, J. and McGee, T.R. (eds) *Histories of Australian Sociology* Melbourne University Press: Carlton. pp. 3-27.
- CONNELL, R. (1997) 'Why is Classical Theory Classical?' *American Journal of Sociology* 102(6):1511-57.
- CONNELL, R.W. and DOWSETT, G.W. (1993) (eds) *Rethinking Sex: Social Theory and Sexuality Research* Temple University Press: Philadelphia.
- CROZIER, M. (2002) 'Society Economised: T.R. Ashworth and the History of the Social Sciences in Australia' *Australian Historical Studies* 32(119):125-42.
- DALY, J. (1998) 'The Micropolitics of Qualitative Health Research Funding' *Annual Review of the Health Social Sciences* 8:19-25.
- DALY, J. (1996) (ed) *Ethical Intersections: Health Research, Methods and Researcher Responsibility* Allen and Unwin: St. Leonards, N.S.W.
- DALY, J.; GREEN, K. and WILLIS, E. (Evan) (1987) *Technologies in Health Care: Policies and Politics* Australian Government Publishing Service: Canberra.
- DALY, J.; KELLEHEAR, A. and GLIKSMAN, M. (1997) *The Public Health Researcher: A Methodological Guide* Oxford University Press: Melbourne.
- DALY, J.; McDONALD, I. and WILLIS, E. (Evan) (1992) *Researching Health Care: Dilemmas, Designs and Disciplines* Routledge: London.
- DANIEL, A. (1990) *Medicine and the State: Professional Autonomy and Public Accountability* Allen and Unwin: Sydney.
- DAVISON, G. (2003) 'The Social Survey and the Puzzle of Australian Sociology' *Australian Historical Studies* 34(121):139-62.
- DEEBLE, J. (2004) 'Twenty-Five Years of Australian Economics: Address to the Annual Conference Dinner, Australian Health Economics Society, October 2003' *The Australian Economic Review* 37(1):1-2.
- DEMPSEY, D. (2008) 'ART Eligibility for Lesbians and Single Heterosexual Women in Victoria: How Medicalisation Influenced a Political, Legal and Policy Debate' *Health Sociology Review* 17(3):267-279.
- DIESENDORF, M. (1976) (ed) *The Magic Bullet: Social Implications and Limitations of Modern Medicine. An Environmental Approach* Society for Social Responsibility in Science: Australian Capital Territory.
- DOWSETT, G.W. (1996) *Practicing Desire: Homosexual Sex in the Era of AIDS* Stanford University Press: Stanford.

- EICHLER, M. (2001) 'Women Pioneers in Canadian Sociology: The Effects of a Politics of Gender and a Politics of Knowledge' *Canadian Journal of Sociology* 26(3):375-403.
- GERHARDT, U. (1989) *Ideas About Illness* Macmillan: London.
- GERMOV, J. (1998) (ed) *Second Opinion: An Introduction to Health Sociology* Oxford University Press: Melbourne.
- GERMOV, J. (1997) "'Whetting the Appetite": A Taste of the Sociology of Food and Nutrition' *Annual Review of Health Social Sciences* 7:35-46.
- GILDING, M. (2006) 'DNA Paternity Tests: A Comparative Analysis of the US and Australia' *Health Sociology Review* 15(1):84-95.
- GRAY, D.E. (2005) *Health Sociology: An Australian Perspective* Pearson Education Australia: Frenchs Forest.
- GRBICH, C. (1999) *Qualitative Research in Health: An Introduction* Allen and Unwin: St Leonards.
- GRBICH, C. (1996) (ed) *Health In Australia: Sociological Concepts, Experiences and Issues* Prentice Hall Australia: Sydney.
- GUILLEMIN, M. (1996) 'Constructing Menopause Knowledge Through Socio-Material Practices' *Annual Review of Health Social Sciences* 6:40-56.
- HENDERSON, S. and PETERSEN, A.R. (2002) (ed) *Consuming Health: The Commodification of Health Care* Routledge: London.
- HUNT, L. (1996) 'Social Movements and the Construction of Health Knowledge: A Case Study of the Women's Health Movement' *Annual Review of Health Social Sciences* 6:173-202.
- HUTCHINSON, B. (1954) *Old People in a Modern Australian Community: A Social Survey* Melbourne University Press: Carlton.
- JEFFERYS, M. (2001) 'The Development of Medical Sociology in Theory and Practice in Western Europe 1950-1990' in Matcha, D. (ed) *Readings in Medical Sociology* Allyn and Bacon: Boston, pp. 14-19.
- JONES, F.L. (1973) 'Editorial' *Australian and New Zealand Journal of Sociology* 9(1):1-2.
- KELLEHEAR, A. (2000) (ed) *Death and Dying in Australia* Oxford University Press: South Melbourne.
- KELLEHEAR, A. (1990) *Dying of Cancer: The Final Year of Life* Harwood Academic Publishers: New York.
- KIPPAX, S.; Connell, R.W.; Dowsett, G.W. and Crawford, J. (1993) *Sustaining Safe Sex: Gay Communities Respond to AIDS* Falmer Press: London.
- KIRKMAN, M. (1999) 'I Didn't Interview Myself: The Researcher as Participant in Narrative Research' *Annual Review of Health Social Sciences* 9:32-41.
- KRUPINSKI, J. and STOLLER, A. (1968) 'Occupational Hierarchy of First Admissions to the Victorian Mental Health Department, 1962-1965' *Australian New Zealand Journal of Sociology* 4(1):55-63.
- LANE, K. (1996) 'Birth as Euphoria: The Social Meaning of Birth' in Colquhoun, D. and Kellehear, A. (eds) *Health Research in Practice* Chapman and Hall: London. pp. 153-173.
- LEONTINI, R. (2006) 'Looking Forward, Looking Back: The Narrative Of Testing Positive to Huntington's Disease' *Health Sociology Review* 15(2):144-155.
- LIPSET, S. (1959) 'Political Sociology' in Merton, R.; Broom, L. and Cottrell, L. (eds) *Sociology Today* Basic Books: New York, pp. 81-114.
- LUPTON, D. (1995) *The Imperative of Health: Public Health and the Regulated Body* Sage Publications: Thousand Oaks, California.
- LUPTON, D. (1994) *Medicine as Culture: Illness, Disease and the Body in Western Societies* Sage: Thousand Oaks, California.
- LUPTON, D. (1993) 'Is There Life After Foucault? Poststructuralism and the Health Social Sciences' *Australian Journal of Public Health* 17(4):298-300.
- LUPTON, G. and NAJMAN, J.M. (1995) (eds) *A Sociology of Health and Illness: Australian Readings* Macmillan: Melbourne.
- MCLAUGHLIN, N. (1999) 'Origin Myths in the Social Sciences: Fromm, the Frankfurt School and the Emergence of Critical Theory' *Canadian Journal of Sociology* 24(1):109-139.
- MARSHALL, H.; ROBINSON, P.; GERMOV, J. and CLARK, E. (2009) *Teaching Sociology in Australia: A Report to the Australian Learning and Teaching Council* Department of Education, Employment and Workplace Relations: Canberra.

- MAYER, K.B. (1964) 'Sociology in Australia and New Zealand' *Sociology and Social Work* 49(1):27-31.
- MAYO, E. (1920) 'The Australian Political Consciousness' in Atkinson, M. (ed) *Australia: Economic and Political Studies* Macmillan: Melbourne.
- MAYO, E. (1919) *Democracy and Freedom* Macmillan: Melbourne.
- MERTON, R. (1959) 'Introduction' in Merton, R.; Broom, L. and Cottrell, L. (eds) *Sociology Today* Basic Books: New York, pp. ix-xxxiv.
- MILLS, S. (1991) *Discourses of Difference: An Analysis of Women's Travel Writing and Colonialism* Routledge: London.
- MITROPOULOS, A. (1999) 'Discipline and Labour: Sociology, Class Formation and Money in Australia at the Beginning of the Twentieth Century' *Journal of Sociology* 35:77-91.
- MOZER, S. (1955) *A Survey of a Large Family: Low Income Group in Housing Commission Homes* November-December, Brotherhood of St Laurence: Melbourne.
- NAJMAN, J.M.; GIBSON, D.; JONES, J.; LUPTON, G.; SHEEHAN, M.; SHEEHAN, P. et al (1983) 'Politics and Performance. The Primary Prevention of Disease in Two Community Centres in Brisbane' *Australian and New Zealand Journal of Sociology* 19(3):476-490.
- NAJMAN, J.M.; JONES, J.; GIBSON, D.; LUPTON, G.; SHEEHAN, M.; SHEEHAN, P. and WESTERN, J.S. (1981) 'The Impact of Community Health Centres on Community Medication Use' in Sheppard, J.L. (ed) *Advances in Behavioural Medicine, 1* Cumberland College of Health Sciences: Sydney. pp.175-200.
- NISBET, R. (1967) *The Sociological Tradition* Heinemann: London.
- OESER, O.A. and EMERY, F.E. (1954) *Social Structure and Personality in a Rural Community* Routledge and Kegan Paul: London.
- OESER, O.A. and HAMMOND, S.B. (1954) (eds) *Social Structure and Personality in a City* Routledge and Kegan Paul: London.
- PETERSDORF, R. and FEINSTEIN, A. (1980) 'An Informal Appraisal of the Current Status of "Medical Sociology"' in Eisenberg, L. and Kleinman, A. (eds) *The Relevance of Social Science for Medicine* Reidel: Dordrecht, Holland. pp. 27-48.
- PETERSEN, A.R. (2007) *The Body in Question: A Socio-Cultural Approach* Routledge: New York.
- PETERSEN, A.R. (1998) *Unmasking the Masculine: 'Men' and 'Identity' in a Sceptical Age* Sage Publications: London.
- PETERSEN, A.R. and BUNTON, R. (1997) (eds) *Foucault, Health and Medicine* Routledge: London.
- PETERSEN, A.R. and WADDELL, C. (1998) (eds) *Health Matters: A Sociology of Illness, Prevention and Care* Allen and Unwin: St Leonards.
- PLATT, J. (1983) 'The Development of the "Participant Observation" Method in Sociology: Origin Myth and History' *Journal of the History of the Behavioral Sciences* 19(Oct):379-96.
- PRATT, M.L. (1992) *Imperial Eyes: Travel Writing and Transculturation* Routledge: London.
- PREST, W. (1952) *Housing, Income and Savings in War-Time: A Local Survey* Department of Economics, University of Melbourne: Melbourne.
- PYETT, P.; WAPLES-CROWE, P.; HUNTER LOUGHRON, K. and GALLAGHER, J. (2008) 'Healthy Pregnancies, Healthy Babies for Koori Communities: Some of the Issues Around Alcohol and Pregnancy' *Aboriginal and Islander Health Worker Journal* 32(1):30-32.
- REIGER, K. (1999) "'Sort of Part of the Women's Movement. But Different": Mother's Organisations and Australian Feminism' *Women's Studies International Forum* 22(6):585-595.
- RICHARDS, L. (2005) *Handling Qualitative Data: A Practical Guide* Sage Publications: London.
- RICHARDS, L. and RICHARDS, T. (1981) *NUDIST: A Computer Assisted Technique for Thematic Analysis of Unstructured Data* Department of Sociology, School of Social Sciences, La Trobe University: Bundoora, Victoria.
- RICHMOND, K. (2005) 'Sociology's Roller-Coaster Ride in Australia' in Germov, J. and McGee, T. (eds) *Histories of Australian Sociology* Melbourne University Press, pp. 57-64.
- SAGGERS, S. and GRAY, D. (2001) 'Theorising Indigenous Health: A Political Economy of Health and Substance Misuse' *Health Sociology Review* 10(2):21-32.
- SARGENT, M.J. (1973) *Alcoholism as a Social Problem* University of Queensland Press: St Lucia.

- SAX, S. (1972) *Medical Care in the Melting Pot* Angus and Robertson: Sydney.
- SAANZ (1970) *SAANZ Membership Directory 1970* (compiled and edited by Richard A. Nies). The Sociological Association of Australia and New Zealand, and the Clarendon Press: Kensington.
- SCAMBLER, G. (1987) 'Introduction' in Scambler, G. (ed) *Sociological Theory and Medical Sociology* Tavistock: London. pp. 1-8.
- SCOTT, W.H. (1979) *Australian and New Zealand Sociology 1971-78. An Introduction* Monograph Series Number 3. Department of Anthropology and Sociology, Monash University, and The Sociological Association of Australia and New Zealand.
- SCOTTON, R.B. (1974) *Medical Care in Australia: An Economic Diagnosis* Sun Books and the Institute of Applied Economic and Social Research, University of Melbourne: South Melbourne.
- SEALE, C. (2008) 'Mapping The Fields of Medical Sociology: A Comparative Analysis of Journals' *Sociology of Health and Illness* 30(5):67-695.
- SHORT, S.D.; SHARMAN, E. and SPEEDY, S. (1993) *Sociology For Nurses: An Australian Introduction* Macmillan Education Australia: South Melbourne.
- STANDISH, A. (2008) *Australia Through Women's Eyes* Australian Scholarly Publishing: North Melbourne.
- STANTON, P.; WILLIS, E. (Eileen); and YOUNG, S. (2005) (eds) *Workplace Reform in the Healthcare Industry: The Australian Experience* Palgrave Macmillan: Basingstoke.
- TIMMS, D.W.G. and ZUBRZYCKI, J. (1971) 'A Rationale for Sociology Teaching in Australasia' *Australian and New Zealand Journal of Sociology* 7(1):3-20.
- TURNER, B.S. (1992) *Regulating Bodies: Essays In Medical Sociology* Routledge: London.
- TURNER, B.S. (1990) 'The Interdisciplinary Curriculum: From Social Medicine to Postmodernism' *Sociology of Health and Illness* 12(1):1-23.
- WADDELL, C. and PETERSEN, A.R. (1994) (ed) *Just Health: Inequality In Illness, Care And Prevention* Churchill Livingstone: Melbourne.
- WADSWORTH, Y. (1991) *Everyday Evaluation on the Run* Action Research Issues Association: Melbourne.
- WADSWORTH, Y. (1984) *Do it Yourself Social Research* Victorian Council of Social Service and Melbourne Family Care Organisation: Collingwood, Vic.
- WESTERN, J.S. (1998) 'Sociology' in *Challenges For The Social Sciences and Australia* Volume 1. The Academy of the Social Sciences in Australia, the Australian Research Council, and the National Board of Employment, Education and Training: Canberra. pp. 223-232.
- WESTERN, J.S. (1976) 'Prospects for the Improvement of Health in Australia: An Attempt at Social Forecasting' in Smithurst, B.A. (ed) *The Gordon Symposium* University of Queensland Press: St Lucia.
- WESTERN, J.S. and WILSON, P.R. (1968) 'Conscription: An Empirical Investigation' in Forward, R. (ed) *Conscription in Australia* University of Queensland Press: St Lucia.
- WHITE, K.N. (2002) *An Introduction to the Sociology of Health and Illness* Sage: London.
- WHITE, K.N. and COLLYER, F.M. (1998) 'Health Care Markets in Australia: Ownership of the Private Hospital Sector' *International Journal of Health Services* 28(3):487-510.
- WHITE, K.N. and COLLYER, F.M. (1997) 'To Market To Market: Corporatisation, Privatisation and Hospital Costs' *Australian Health Review* 20(2):13-25.
- WILLIAMS, G. (2003) 'The Determinants of Health: Structure, Context and Agency' *Sociology of Health and Illness* 25<sup>th</sup> Silver Anniversary Issue: 131-154.
- WILLIS, E. (Eileen); REYNOLDS, L. and KELEHER, H. (2009) *Understanding The Australian Health Care System* Churchill Livingstone Elsevier: Sydney.
- WILLIS, E. (Evan) (1998) 'The "New Genetics" and the Sociology of Medical Technology' *The Journal of Sociology* 34(2):170-183.
- WILLIS, E. (Evan) (1994) *Illness and Social Relations* Allen and Unwin: Sydney.
- WILLIS, E. (Evan) (1991) 'The Sociology of Health and Illness in Australia: The 1980s and Beyond' *Annual Review of the Health Social Sciences* 1:46-53.
- WILLIS, E. (Evan) (1988) (ed) *Technology and the Labour Process: Australasian Case Studies* Allen and Unwin: Sydney.
- WILLIS, E. (Evan) (1983) *Medical Dominance* George Allen and Unwin: Sydney.

- WILLIS, E. (Evan) (1982) 'Research and Teaching in the Sociology of Health and Illness in Australia and NZ' *Community Health Studies* 6(2):144-153.
- WILLIS, K. and ELMER, S. (2007) *Society, Culture And Health: An Introduction To Sociology For Nurses* Oxford University Press: South Melbourne.
- WILSON, P.R. and WESTERN, J.S. (1972) *The Policeman's Position Today and Tomorrow* University of Queensland Press: St Lucia.
- YEOMANS, N. (1965) *Collected Papers on Fraser House and Related Healing Gatherings and Festivals* Mitchell Library Archives, State Library of New South Wales: Sydney.
- ZADOROZNYJ, M. (1999) 'Social Class, Social Selves and Social Control in Childbirth' *Sociology of Health and Illness* 21(3):267-289.
- ZUBRYZCKI, J. (1979) 'The Challenge of Change' (reprint of the Presidential Address to the 49th Congress of ANZAAS) *Australian and New Zealand Journal of Sociology* 15(3):83-89.