

The Great Expansion of Health & Medical Sociology in Japan: Past, Present, and Future

The Japanese Society of Health and Medical Sociology

1. Postwar Japan (1945-1988)

Inflow of American Medical Sociology: Medical Sociology Study Circle (1955-1965)

Japan's surrender in 1945 was a great historical event, comparable to the Meiji Restoration that marked the beginning of modern Japan in 1868. Japan was defeated for the first time in her history and occupied by the Allied Forces, centered mainly around the American Forces. After a few years of post-war chaos, American academic information, including medical sociology as a branch of sociology, flowed into Japan. Around the mid-1950s a small medical sociology circle of about ten members was formed that was comprised of public health doctors and nurses working for medical schools, as well as sociologists working for medical schools and national research institutes on mental health and health service administration. They held monthly meetings, mainly to study American medical sociology.

Joint community surveys between public health doctors and sociologists date back to the early 1950s. Such contact between public health doctors and sociologists enabled the former to get a feel for the importance of sociology and the latter to become aware of the existence of medical sociology in the U.S.A. The Medical Sociology Study Circle did not issue any joint publications, but some members of the circle published introductory books on medical sociology, (Tanaka 1968; Ajiki 1970) and academic papers and books on hospital workers' strikes and the Japan Medical Association's fight against the Japanese government (Ajiki and Katano 1963), both of which spread throughout Japan in the 1960s.

One member of the circle compiled a mimeographed textbook for social workers entitled *Introduction to Medical Sociology* (Ajiki 1960) which was based on *Medical Sociology: Theory, Scope and Methods* by Norman G. HAWKINS (1958). The former textbook contains an extremely long, extensive list of books and papers on medical sociology and related areas mainly published in the U.S.A., and consists of more than 200 titles divided among 12 sub-areas. This list starts with "The Importance of the Study of Medical Sociology" (*Bulletin of the American Academy of Medicine*, 1, 1894) and covers literature in this field until the end of the 1950s, e.g. "The Sociology of Medicine" by George G. READER and Mary E. W. GOSS in *Sociology Today* edited by Robert K. MERTON, Leonard BROOM, and Leonard S. COTTRELL, Jr, Basic Books, 1959. The American Journal of Sociology, American Sociological Review, Rural Sociology, and other journals that carried medical sociology papers and the medical sociology books included in the above-mentioned list were available in Japan in the 1950s.

Some of them were introduced at the Medical Sociology Study Circle's meetings.

The Birth of Health and/or Medical Sociology Departments in Medical Schools (Mid-1960s)

When the Medical Sociology Study Circle came to an end in the mid-1960s, health and medical sociology departments were born in at least two medical schools in Tokyo. In these health and medical sociology departments, public health doctors chaired the departments at first, but later associate professors in sociology succeeded to the professor's chairs. In those days a few, but not many, sociologists began to be employed in the public health departments at medical schools or schools of public health. Since those days, in Japan we have begun intentionally to use the term 'health and medical sociology' rather than 'medical sociology' to stress the point that sociology should cover not only curative medicine but also the positive side of human health.

In 1968, the First International Conference of Social Science and Medicine was held in Aberdeen, Scotland, and was attended by several former members of the Medical Sociology Study Circle, who presented papers. One former member of the circle was appointed as a regional editor of *Social Science and Medicine* and was to edit a special issue entitled "Social Science and Medicine in Japan," which was published later in November 1978 (Yamamoto 1978).

From the mid-1960s Japanese health and medical sociology began to be accepted domestically and made its debut internationally.

The results of a survey of members' subspecialties conducted by the Japan Sociological Society in the mid-1960s are as follows (the figures in brackets represent the number of respondents for each subspecialty): rural sociology (77); family sociology (38); industrial sociology (45); general sociology (36); educational sociology (31); urban sociology (24); history of sociology (23); social psychology (22); public opinion and mass communication (22); social welfare (22); social pathology and criminal sociology (20); sociology of culture (15); political sociology (14); sociology of religion (13); social groups or small groups (13); studies on labor (13); social stratification (11); population (8); social thought (7); sociology of knowledge (7); economic sociology (6); folk, nation, and nationalism (6); medical sociology (6); social organization and bureaucracy (6); moral sociology (4); societies and cultures of developing countries (4); and legal sociology (3). The total number of respondents was 496, among which there were six members who had chosen medical sociology, which came to 1.2% of the total respondents (Fukutake 1969).

On the Eve of the Birth of The Society for the Study of Health & Medical Sociology (1974-1989)

After the post-war recovery, rapid economic development began in the mid-1950s. This rapid economic growth began to destroy the environment and people's health. From the mid-1950s to the early 1960s, a strange disease causing spastic paralysis became prevalent in a fishing village called Minamata. This disease was named Minamata disease. The cause of Minamata disease was identified as seafood contaminated by organic methyl mercury discharged from a chemical factory. In the mid-1960s cases of a similar disease were found very far from Minamata, along a river in which the water was contaminated by another large factory. This disease was called 'Ouch ouch' disease. Air pollution produced by petrochemical complexes in different industrial towns throughout Japan caused many cases of asthma.

In almost the same period of time, negligence by pharmaceutical companies caused drug-related health hazards: subacute myelo-optic neuropathy (SMON), caused by clinoquinol, an anti-diarrheal, as well as babies with deformed limbs born from mothers who had taken sleeping drugs containing thalidomide in their pregnancy. Not only medical research for the purpose of finding the causes and treatment of the diseases but also sociological research into the lives of the patients was required, and sociologists carried out surveys into the lives of the victims of industrial waste, air pollution, and negligence by pharmaceutical firms.

As a result of reactions to the rapid economic development under the conservative national government, progressive governors and mayors were elected in various local governments, including the Tokyo Metropolitan Government. The Tokyo Metropolitan Government established a gerontology research institute and a neuroscience research institute in which sociology departments were set up. The progressive policies initiated by the progressive local governments and the accumulated results of high national economic growth made the year 1973 a turning point for the health and welfare system. The government instituted free medical care for the aged, reduced the percentage of co-payments required from dependents from 50% to 30%, and introduced a ceiling on the total amount of co-payments. Tragically, all of these benefits originating in Japan's high economic growth came to a halt in October of the same year, when the Fourth Arab-Israeli War began. The Organization of Oil Exporting Countries (OPEC) used oil supplies as a diplomatic weapon, and restricted exports to the countries supporting Israel. Most Western countries as well as Japan were affected, and oil prices increased by 30% to 50%. Japan's high economic growth was slowed. Eventually, the government had to introduce cost-containment measures in all areas, including health services.

The Birth of the Society for the Study of Health & Medical Sociology (1974-1989)

Under the abovementioned conditions, in 1974 sociologists from medical schools and research institutes who were seeking new roles as sociologists in the field of health as it faced new challenges took the initiative of organizing the Society for the Study of Health & Medical Sociology. The society started with just over 60 members.

In the following year of 1975, the number of members increased to almost 100. In 1989, when the name of the society was changed to the Japanese Society of Health & Medical Sociology, the society expanded to 200 members.

Monthly meetings and an annual general meeting became regular events for the society.

The Japan Sociological Society Recognized the Society: Introduction of a Session on Health & Medical Sociology into the Annual Convention of the Japan Sociological Society

In 1973, for the first time, a session on health & medical sociology was introduced into the annual conventions of the Japan Sociological Society. Besides this session, three papers out of the four presented in the session on Social Welfare and Social Pathology at the same convention were papers relating to health & medical sociology. Thus, seven papers relating to health & medical sociology were given at the 1973 annual convention. In the following year, 1974, when the Society

for the Study of Health & Medical Sociology was established, ten papers on health & medical sociology were given at three sessions at the annual convention of the Japan Sociological Society. Until the end of the 1970s, nine or ten papers on health & medical sociology were given at three or four sessions at the annual conventions of the Japan Sociological Society, with the exception of 1975, when 13 papers were given at the annual convention. In the 1980s, the number of papers relating to health & medical sociology decreased to three papers in one session, except for seven papers in two sessions in 1984, six papers in two sessions in 1985, and ten papers in two sessions in 1988. There were no papers on health & medical sociology at the annual convention of the Japan Sociological Society in 1990 or 1991. A little ironically, in 1990 the Society for the Study of Health & Medical Sociology was registered with the Science Council of Japan and upgraded to a registered academic society called the Japanese Society of Health & Medical Sociology. After three papers were given in 1992, the health & medical sociology and social welfare sessions were combined under Social Welfare, Health & Medical Sociology in 1993.

Publications

In 1976, a special issue on health and medical sociology was published in the official journal of the Japan Sociological Society, *The Japanese Sociological Review*, to which several members of this society contributed.

This society published eight books from 1977 to 1988 (all in Japanese and published by Kakiuchi Publishing Inc., Tokyo): *Achievements and Issues of Health and Medical Sociology*, 1977; *Development of Health and Medical Sociology*, 1978; *Organizations and Behaviors in Health and Medicine*, 1979; *Integration of Health, Medicine, and Welfare*, 1980; *Strategies for Primary Health Care*, 1981; *Professionalization in Health and Medicine*, 1982; and *Trends in Health and Medical Sociology*, 1988.

Besides this series of publications, it is noteworthy that the second edition of *The Handbook of Medical Sociology* edited by Howard E. FREEMAN, Sol LEVINE, and Leo G. REEDER (Prentice-Hall, 1972) was translated into Japanese and published in 1975 under the supervision of three leading members of the society (Hinohara et al. 1972). In addition, as noted above a former president of the society edited and published the aforementioned special issue of *Social Science & Medicine* in 1978, to which several members of the society contributed. (Yamamoto 1978).

These publications were followed by books on health and medical sociology written by individuals or groups of Japanese sociologists, mainly in Japanese.

Two Asian International Meetings on Health and Medical Sociology

It is worth mentioning specially that this society hosted two Asian international meetings on health and medical sociology in 1980 and 1986 in Yokohama and Urayasu, both of which are neighboring towns of Tokyo. These two international meetings were supported by the WHO Regional Office for the Western Pacific, the Research Committee on Medical Sociology of the International Sociological Association, the Ministry of Health & Welfare, the Ministry of Education, the Ministry of Foreign Affairs, local prefectural and municipal governments, and health and

medical care-related professional organizations. At each meeting there were around ten participants from different parts of Asia and the Pacific; around ten from North America (the U.S.A. and Canada) and Europe, and 100 to 120 from Japan. Both meetings devoted three days to academic sessions and one day to a study tour. The 1980 meeting focused on primary health care under the influence of the president of the meeting, Professor YAMAMOTO Mikio, a public health doctor, and the influence of the WHO's emphasis on primary health care. At the 1986 meeting various other topics were discussed, with particular attention being paid to urbanization and health problems, under the influence of the president of the meeting, Professor ISOMURA Eiichi, an urban sociologist. These two international meetings were epoch-making events not only for the Society for Study of Health and Medical Sociology, but also for Japan's sociological world.

2. The Era of the Japanese Society of Health and Medical Sociology (Two Decades: 1989-2011)

The First Decade of the Society (1989-2000): The Last Decade of the 20th Century

In May 1989, the Society for Study of Health & Medical Sociology was promoted to an academically accredited society called the Japanese Society of Health and Medical Sociology. Its official journal, *The Japanese Journal of Health and Medical Sociology*, which featured a peer review system, began to be published once a year starting from 1990.

In the early 1990s there were some other new developments in the field of health and medical sociology. The Research Group of the Sociology of Nursing was organized in the Japanese Society of Health and Medical Sociology mainly by the teaching staff of nursing colleges and universities and some clinical nurses. It has held regular meetings, contributed research papers to the official journals of the society or those of the Japanese Nursing Association, and published translated versions of books like *The Nursing Shortage and the 1990s: Realities and Remedies* by Richard C. MCKILLIN. From 2004 on this research group has expanded its research repertoire from nursing alone to nursing and social welfare care. At present, in 2011, this research group was comprised of 26 nurses and seven sociologists.

In 1992, the Medical Sociology Study Group was organized in the western part of Japan in Kyoto and Osaka. They have held regular meetings once or twice a month and members have published several books on medical sociology from the mid-1990s to 2010.

In 1994, the Japan Association of Mental Health was launched when the Interim Conference of the Research Committee 49 (RC 49) of Mental Health and Illness of the International Sociological Association (ISA), was held in a town close to Tokyo. Since then this association has been affiliated with RC 49 of Mental Health and Illness of the ISA, just as the Japanese Society of Health and Medical Sociology has been with RC15 of Sociology of Health. They have held the annual conventions and also run training courses for mental health consultants. They publish the journal *Sociology of Mental Health* annually.

[The Number and the Academic Backgrounds of the Members]

Since its promotion to an accredited society, the number of members of the society has doubled

from 200 in 1990 to 400 in 2000. Half of the members have come from the social sciences and arts: sociology (the majority), psychology, education, social welfare, anthropology, economics, political science; 30% have come from nursing; and 20% from health sciences from the Health Sociology Department in the School of Medicine, University of Tokyo and social medicine or public health. In the second decade from 2001 to 2011, this breakdown of the academic backgrounds of the members did not change much, even though the proportion of those who were connected with the abovementioned Health Sociology Department increased.

[Trends in Research Papers in the Journals from 1990 to 2000]

From 1990 to 2000, 11 official society journals were issued and 34 academic papers were accepted. The number of papers contributed and accepted has been increasing in the second half of this decade. Regarding the classification of the contents of the papers, ten out of the 34 papers (29.4%) were concerned with the “provision and utilization of health and medical care services,” which ranked first. Secondly, six papers (17.6%) were on “relations between health and medical care providers and patients”. Papers concerned with the “theory and methodology of health and medical sociology” and the “QOL of patients and their families” both came in at four (11.8%) and came third.

When the papers in the journals were classified according to three categories of research methods, “theoretical literature research papers” numbered 18 (51.4%) coming first, followed by “quantitative and statistical research papers” at 12 (34.3%), and “qualitative and descriptive or case study research papers” at five (14.7%) (see Table 1).

[Trends in the research papers presented at the annual conventions from 1991 to 2001]

The total number of papers given at the annual conventions from 1991 to 2001 was 126. Most of the papers given at the annual conventions were concerned with the “QOL of patients and their families” (30 papers: 23.8%), the second most common were concerned with “relations between health and medical care providers and patients” (28 papers: 22.2%), and the third most common were concerned with two topics: the “education of health care providers” and the “provision and utilization of health and medical care services” (21 papers: 16.7%). Regarding the research methods, “quantitative and statistical research papers” numbered 59 (46.8%), coming first, “qualitative and descriptive or case study research papers” numbered 36 (28.6%) in second place, and “theoretical literature research papers” at 24 (19.0%) came in third place (see Table 2).

The Second Decade of the Society (2001-2011): The Start of the New Millennium

[A Steady Increase in the Number of Members]

The number of members increased by more than 100 during the first five years from 2001 to 2005, and totaled more than 500. For the three years from 2005 to 2008, the number of members increased by more than 100 and in 2008 exceeded 600. During the ten years from 2001, the number of members increased by 30 each year and in 2011 it exceeded 700. The number of members will continue to rise from now on.

[Trends in the Research Papers in the Journals from 2001 to 2011]

Since 2001, the official journal of the society has been published bi-annually. Twenty-one issues of the journals brought out from 2001 to 2011, carrying 61 research papers. In this second decade, the number of papers doubled as compared with the first decade from 1990 to 2000. Regarding the themes of the papers, the “QOL of patients and their families” came first (17 out of 65: 27.9%). The second place was a tie between the three themes of the “education of health care providers,” “relations between health and medical care providers and patients,” and “health and medical ethics and thanatology” (ten papers each out of 65: 15.4%). The most popular theme in the previous decade was the “provision and utilization of health and medical care services,” but this declined to fifth place. The number of papers on “health and medical ethics and thanatology” has been on an upward trend. Concerning the research methods, the number and proportion of papers on “qualitative and descriptive research or case studies” increased from five (14.3%) in the first decade to as many as 34 papers (50.7%) in the second decade. By contrast the proportion of papers on “theoretical literature research” decreased from 51.4% to 26.9% and that of papers on “quantitative and statistical research” decreased from 34.3% to 22.4% (see Table 1).

[Trends in the Research Papers Presented at the Annual Conventions from 2001 to 2011]

Among the papers given at the annual conventions during the decade from 2001 to 2011, papers concerned with the “QOL of patients and their families” came in first (69 papers: 27.1%). Papers on “health-related awareness and behavior” were in second place (47 papers: 18.4%), in third place were papers on the “education of health care providers” (31 papers: 12.2%), and in fourth place were papers on “relations between health and medical care providers and patients” (28 papers: 11.0%). The most rapid increase in the number of papers in this decade was shown by those in the “education of health care providers.” They were followed by those on the “QOL of patients and their families.” Concerning the research methods, the number and proportion of papers on “qualitative and descriptive research or case studies” increased from 36 (28.6%) in the first decade to as much as 100 papers (39.2%). In particular, the proportion of papers on “quantitative and statistical research” which had been the conventional research method decreased from 46.8% to 34.9% (see Table 2).

[The Main Themes of the Annual Conventions from 1989 to 2011]

As mentioned above and as seen in the trends in the main themes of the annual conventions of the society, since the Japanese Society of Health and Medical Sociology is comprised of members with a sociology or social science backgrounds and those with health sciences backgrounds, i.e. nursing and public health and medicine, in approximately equal numbers, research on the sociology of medicine and sociology in medicine, as classified by Robert STRAUSS (1957), have gone hand in hand, stimulating each other in making advances. This is a good characteristic of health and medical sociology in Japan and should continue to develop (See Table 3).

[Great East Japan Earthquake]

The Great East Japan Earthquake in 2011 caused extensive damage to Japanese society. Socially vulnerable people, including the sick and the elderly, tended to fall victim to the disaster, and healthcare systems suffered severe damage. Health and medical sociologists have investigated the social impact of this disaster. For example, there were attitude surveys for foreign healthcare workers before they visited Japan and interview surveys that examined the evacuation and health awareness of elderly people on a small island.

[The Future Prospects for Health and Medical Sociology in Japan]

Regardless of the distance from the practice of health and medical care or the health science disciplines, health and medical sociology research is expected to be carried out from the point of view of people living with health problems rather than that of health and medical specialists. As for the methodology, the illness experienced approach, narrative approach, salutogenic approach, and empowerment approach should be strengthened. As its theme, sociological research on the systems and policies for providing health care should be extended further in the future.

REFERENCES:

- Ajiki Masao, 1960, *Introduction to Medical Sociology* (in Japanese), Japan National Council of Social Welfare.
- Ajiki Masao, 1970, *Medical Sociology* (in Japanese), Igakushoin.
- Ajiki Masao and Katano Takashi, 1963, *The Behaviour and Characteristics of Medical Groups* (in Japanese), Seishinshobo.
- Anesaki Masahira, 2008, "History of public health in modern Japan: The road to becoming the healthiest nation in the world." pp. 55-72 in *Public health in Asia and the Pacific: historical and comparative perspectives*, edited by Milton J. LEWIS and Kerrie L. MACPHERSON. Routledge.
- Fukutake Tadashi, 1969, "Trends and Problems in Japanese Sociology." in *Methodology and Problems of Sociology*, Tokyo University Press.
- Hinohara Shigeaki, Hashimoto Masami, and Sugi Masataka, 1975, *Iryoshakaigaku* (= Medical Sociology), Ishiyakushuppan. (Japanese Translation of *The Handbook of Medical Sociology* edited by Howard E. Freeman, Sol Levine, and Leo G. Reeder. Prentice-Hall, 1972).
- Powell, Margaret and Anesaki Masahira, 1990, *Health care in Japan*, Routledge.
- Strauss, Robert, 1957, "The nature and status of medical sociology," *American Sociological Review*, 22, 200-204
- Tanaka Tsuneo, 1968, *Medical Sociology* (in Japanese), Gakubunsha.
- Yamamoto Mikio, 1978, "Special Issue - Social-Science and Medicine in Japan," *Social Science & Medicine: Part a Medical Sociology* 12(6A):441-41.

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Table1. No. of papers in the journals.

	Total		1990~2000		2001~2011	
	No.	(%)	No.	(%)	No.	(%)
Total	99	100	34	100	65	100
【Subjects】						
Health and medical ethics and thanatology	13	13.1	3	8.8	10	15.4
Health related recognition and behaviour	6	6.1	3	8.8	3	4.6
Education of health care providers	13	13.1	3	8.8	10	15.4
Relations between health and medical care providers and patients	16	16.2	6	17.6	10	15.4
Provision and utilization of health and medical care services	18	18.2	10	29.4	8	12.3
Theory and methodology of health and medical sociology	9	9.1	4	11.8	5	7.7
QOL of patients and their families	21	21.2	4	11.8	17	26.2
Social etiology and social inequality	3	3.0	1	2.9	2	3.1
【Research methodology】						
Theoretical literature research	36	35.3	18	51.4	18	26.9
Qualitative and descriptive research or case studies	39	38.2	5	14.3	34	50.7
Quantitative and statistical research	27	26.5	12	34.3	15	22.4

Two are double counted as quantitative and qualitative research.

Table2. No. of presentations at the annual conventions.

	total		1991,93,94,97 -99		2002-04, 2007-09	
	No.	(%)	No.	(%)	No.	(%)
Total	381	100	126	100	255	100
【Subjects】						
Health and medical ethics and thanatology	22	5.8	2	1.6	20	7.8
Health related recognition and behaviour	68	17.8	21	16.7	47	18.4
Education of health care providers	47	12.3	16	12.7	31	12.2
Relations between health and medical care providers and patients	56	14.7	28	22.2	28	11.0
Provision and utilization of health and medical care services	48	12.6	21	16.7	27	10.6
Theory and methodology of health and medical sociology	6	1.6	3	2.4	3	1.2
QOL of patients and their families	99	26.0	30	23.8	69	27.1
Social etiology and social inequality	18	4.7	3	2.4	15	5.9
Others	1	0.3	1	0.8	0	0
【Research methodology】						
Theoretical literature research	77	20.2	24	19.0	53	20.8
Qualitative and descriptive research or case studies	136	35.7	36	28.6	100	39.2
Quantitative and statistical research	148	38.8	59	46.8	89	34.9

Table3. The main themes of the annual conventions from 1989 to 2011

year	The main themes
1989	Health Problems in Globalization
1990	Nursing and Sociology
1991	Today's Problems of Health and Medical Sociology
1992	Regional Health Care and Social Welfare Planning and Sociology
1993	Institutional Care for the Elderly: Planning and Assessment
1994	Family Support in Health and Medical Care
1995	Health, Medical and Welfare Reform and Health Care Professions
1996	Changes in Health Care Provider-Patient Relationship and Patient's Autonomy
1997	Information Disclosure and Self-determination in Health and Medical Care
1998	Modern and Post-modern in Health Care
1999	Interdisciplinary and Vertical Approach in Gerontology
2000	Health Care Professions in the 21 st Century
2001	Theory and Methodology of Health and Medical Sociology
2002	Human services and Health and Medical Sociology
2003	Possibility of Health and Medical Sociology
2004	Past, Present and Future of Health and Medical Sociology
2005	Frontier of Health and Medical Sociology
2006	Living with Chronic Illness and Severe Stress
2007	Social Inequality and Health, Medicine and Welfare
2008	Health in the City and Health Promotion
2009	Medical Accidents and Health and Medical Sociology
2010	Risk and Stress and Health and Medical Sociology
2011	Expansion of Health Communication