

Guest Editorial

**Special section on sociology, environment and public health**

Nick J Fox, University of Sheffield

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Sociology began its interest in matters of health and illness when sociologist Talcott Parsons examined medicine as an exemplar or ‘ideal type’ of the professions, suggesting his concept of a ‘sick role’ that shackled patient and professional together within a system of interlocking rights and obligations.<sup>1</sup> Health sociology has subsequently explored many aspects of health care, from the organisation of surgery to experiences of child birth, embodiment and pain, professionalisation and consumerism. It comes closest to the concerns of public health in its explorations of the impact of social stratifications of gender, ethnicity and social class upon health and illness, perhaps most famously enunciated in sociologist Peter Townsend’s work on health inequalities.<sup>2</sup> Other articulations between sociology and public health include Leslie Doyal’s analysis of the politics of health,<sup>3</sup> and studies of preventative medicine, health education and promotion.<sup>4,5</sup>

The principal difference between public health and sociological treatments of these topics has been the latter's emphasis upon theory. Sociology took to heart Karl Popper's view that data do not speak for themselves, but need always to be interpreted within a theoretical framework. As a consequence, sociological studies typically situate themselves within a particular framework in order to make sense of empirical findings. Talcott Parsons' functionalism (the view that social systems aim to sustain continuity and order) has fallen out of fashion, and given way to a range of theories: Marxist, interactionist, feminist, constructionist, post-structuralist, critical realist and new materialist. Sociologists of health have found much value in such theoretical framings, and a focus on theory has encouraged a move away from quantitative studies and statistical analysis towards qualitative approaches and mixed methods that apply methods such as in-depth interviews and ethnographic observation to elicit detailed accounts or insights into health and care. On occasions, a theory-led approach has also been the basis for conceptual or discursive analyses rather than explorations of empirical data.

Sociology's engagement with the environment has a shorter history. In 1979, Dunlap and Catton set out their stall for an environmental sociology, which had as its central focus the recognition that 'physical environments can influence (and in turn be influenced by) human societies and behavior', thereby upsetting a key tenet of sociology that the discipline's focus should be exclusively upon 'social facts'.<sup>6</sup> What Dunlap and Catton and subsequent sociologists such as John Urry and Ted Benton acknowledged was that nature and culture interact, and that we need to explore these interactions in order to understand how the environment affects humanity and (perhaps more significantly today) how humanity is affecting the environment. Sociology has moved from an early view of the environment as

something to be manipulated to maximise human health and well-being to the contemporary understanding of the fragility of ecosystems in the face of human economic exploitation.<sup>7</sup>

Today there is burgeoning interest among sociologists in these interactions between society and environment, and the British Sociological Association has a vibrant study group on Climate Change, and a newer and smaller 'Environment and Health' study group. In 2016 these groups together ran a successful day conference on sociological aspects of environment and health at the London School of Hygiene and Tropical Medicine; the idea for the Special Section in this issue of *Public Health* was born from this event.

The three papers collected here offer readers of this journal an insight into contemporary sociological research into environment and health, and some connections to public health concerns with the physical environment – natural and man-made. The first paper, by Hilary Graham and Piran White, examines the social determinants that have shaped both health/illness and environmental changes.<sup>8</sup> Where once the relative stability of environmental conditions provided a resource for economic development and health improvement, in contemporary society industrialisation and urbanisation (and associated lifestyles) have shifted the pattern of ill-health firmly from acute to chronic disease, *and* led to changes in the Earth's ecosystems and climate, seriously compromising future well-being of human and non-human. Graham and White explore two concepts: 'social determinants of health' and 'lifestyle' to demonstrate the ways in which challenges to public health and environmental sustainability are inter-connected.

As noted earlier, sociology has concerned itself with a range of social stratifications. In her paper, Sara MacBride-Stewart addresses the intersections between gender, health and the natural world via a narrative review of recent scholarly studies on the health benefits of access to outdoor spaces.<sup>9</sup> Her review adds weight to the more general sociological finding that women have less access to resources than men, while their knowledges are marginalized. Furthermore, gender inequality and ill health are magnified when the environment deteriorates. She concludes that public health needs to move beyond a simplistic view that nature is good for health, and attend more closely to the interconnections between gender, health and the natural environment.

The final paper, by myself and Pam Alldred, questions the foundational differentiation that both sociology and public health have asserted between humans and ‘the environment’.<sup>10</sup> Using a vignette concerning child health and air pollution, we explore a ‘new materialist’ approach that dissolves this human/environment distinction and treat humans as integral to (and inextricably tied to) the rest of the physical and natural world. This ‘post-anthropocentric’ perspective forces us to re-think health interventions, starting not from a position of automatically privileging human well-being, but instead designing public health interventions and policy that foster environmental potential and sustainability, and by so doing, also enhance human capacities and well-being.

I hope readers of *Public Health* will find this short special section on sociology, environment and health stimulating and challenging in equal measure. More importantly, perhaps it will establish a new avenue for dialogue between public health and health and environment sociology.

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