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Illness Is More Than Just Biological— Medical Sociology Shows How Social Factors Get Under the Skin and Cause Disease

By Jennifer Singh

Health and medicine is more than just biological—societal forces can get under your skin and cause illness (Adler). Medical sociologists like me study these forces¹ by treating society itself as our laboratory. Health and illness are our experiments in uncovering meaning, power and inequality, and how it affects all parts of a person's life.

For example, why do low-income communities continue to have higher death rates,² despite improved social and environmental conditions across society? Foundational research in medical sociology reveals that access to resources (Link) like money, knowledge, power and social networks strongly affects a person's health. Medical sociologists have shown that social class is linked to numerous diseases and mortality (Phelan), including risk factors that influence health and longevity. These include smoking, overweight and obesity, stress, social isolation, access to health care and living in disadvantaged neighborhoods.

Moreover, social class alone cannot explain such health inequalities. My own research³ examines how inequalities related to social class, race and gender affect access to autism services

(Singh, 2023), particularly among single Black mothers who rely on public insurance. This work helps explain delays in autism diagnosis (Constantino) among Black children, who often wait three years after initial parent concerns before they are formally diagnosed. White children with private insurance typically wait from 9 to 22 months (Vu) depending on age of diagnosis. This is just one of numerous examples of inequalities (Singh, 2026) that are entrenched in and deepened by medical and educational systems.

Medical sociologists like me investigate how all of these factors interact to affect a person's health.⁴ This social model of illness (Cockerham, 2025) sees sickness as shaped by social, cultural, political and economic factors. We examine both individual experiences and societal influences (Rosich) to help address the health issues affecting vulnerable populations through large-scale reforms.

By studying the way social forces shape health inequalities, medical sociology helps address how health and illness extend beyond the body and into every aspect of people's lives.

¹ <https://scholar.google.com/citations?user=HQYrggAAAAJ&hl=en>

² <https://www.nationalacademies.org/read/19015>

³ <https://hsoc.gatech.edu/>

⁴ <https://www.who.int/publications/i/item/WHO-IER-CSDH-08.1>

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COVID-19 Variant BA.3.2 Is Spreading Across US—A Doctor Explains What You Need to Know

By Kyle B. Enfield

A variant of COVID-19 called BA.3.2, which has circulated under the radar since late 2024, is now spreading quickly across the United States (Shakya).

As a pulmonary and critical care doctor, I see many patients who are at high risk for severe COVID-19 due to chronic lung disease, as well as patients living with long COVID. All of them ask me how worried they should be about new variants of the virus.

There's no sign so far that BA.3.2, nicknamed Cicada, is any more dangerous or causes more severe disease than the variants that were circulating in the winter of 2025-26. But because it's significantly different from them, the current COVID-19 vaccine may not be as effective against it (Fourati).

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MEDICAL SOCIOLOGY, from page 69

Origins of Medical Sociology in the US

Medical sociology formally began in the U.S after World War II (Cockerham, 2009), when the National Institutes of Health started investing in joint medical and sociological research projects. Hospitals began hiring sociologists to address questions like how to improve patient compliance, doctor-patient interactions and medical treatments.

However, the focus of this early work was on issues specific to medicine, such as quality improvement or barriers to medication adherence. The goal was to study problems that could be directly applied in medical settings rather than challenging medical authority or existing inequalities. During that period, sociologists viewed illness mostly as a deviation from normal functioning⁵ leading to impairments that require treatment.

For example, the concept of the sick role⁶—developed by medical sociologist Talcott Parsons in the 1950s—saw illness as a form of deviance from social roles and expectations. Under this idea, patients were solely responsible for seeking out medical care in order to return to normal functioning in society.

In the 1960s, sociologists began critiquing medical diagnoses and institutions.⁷ Researchers criticized the idea of the sick role because it assumed illnesses were temporary and did not account for chronic conditions or disability, which can last for long periods of time and do not necessarily allow people to deviate from their life obligations. The sick role assumed that all people have access to medical care, and it did not take into account how social characteristics like race, class, gender and age can influence a person's experience of illness (Bury).

Parsons' sick role concept also emphasized the expertise of the physician rather than the patient's experience of illness. For example, sociologist Erving Goffman showed that the way care is structured in asylums shaped how patients are treated (Goffman). He also examined how the experience of stigma⁸ is an interactive process that develops in response to social norms. This work influenced how researchers understood chronic illness and disability and laid the groundwork for later debates on what counts as pathological or normal (Scambler).

In the 1970s, some researchers began to question the model of medicine as an institution of social control (Zola). They critiqued how medicine's jurisdiction

expanded over many societal problems—such as old age and death—which were defined and treated as medical problems. Researchers were critical of the tendency to medicalize (Conrad) and apply labels like “healthy” and “ill” to increasing parts of human existence. This shift emphasized how a medical diagnosis can carry political weight and how medical authority can affect social inclusion or exclusion.

The critical perspective aligns with critiques from disability studies (Oliver). Unlike medical sociology, which emerged through the medical model of disease, disability studies emerged from disability rights activism and scholarship.⁹ Rather than viewing disability as pathological, this field sees disability as a variation of the human condition rooted in social barriers and exclusionary environments. Instead of seeking cures, researchers focus on increasing accessibility, human rights and autonomy for disabled people.

A contemporary figure in this field was Alice Wong,¹⁰ a disability rights activist and medical sociologist who died in November 2025. Her work amplified disabled voices and helped shaped how the public understood disability justice and access to technology.

⁵ <https://archive.org/details/socialsystem00pars/page/n3/mode/2up>

⁶ Id.

⁷ <https://archive.org/details/stigmanotesonman0000goff/page/n5/mode/2up>

⁸ Id.

⁹ <https://www.bloomsbury.com/us/new-politics-of-disablement-9780333945674/>

¹⁰ <https://disabilityvisibilityproject.com/about/>

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Structural Forces Shape Health and Illness

By focusing on social and structural influences on health, medical sociology has contributed significantly to programs addressing issues like segregation, discrimination, poverty, unemployment and underfunded schools.

For example, sociological research on racial health disparities invite neighborhood interventions (Williams) that can help improve overall quality of life by increasing the availability of affordable nutritious foods in underserved neighborhoods or initiatives that prioritize equal access to education. At the societal level, large-scale social policies such as guaranteed minimum incomes or universal health care can dramatically reduce health inequalities.

Medical sociology has also expanded the understanding of how health care policies affect health, helping ensure that policy changes take into account the broader social context. For example, a key area of medical sociological research is the rising cost of and limited access to health care (Wright). This body of work focuses on the complex social and organizational factors of delivering health services. It highlights the need for more state and federal regulatory control as well as investment in groups and communities that need care the most.

Modern medical sociology ultimately considers all societal issues to be health issues. Improving people's health and well-being requires improving education, employment, housing, transportation and other social, economic and political policies.

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