

## Book Review

# Włodzimierz Piątkowski (2020) *From Medicine to Sociology: Health and Illness in Magdalena Sokołowska's Research Conceptions*. Berlin: Peter Lang, 276 pp., ISBN 978-3-631-80666-1

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Citation: Juros, A.K. (2022) 'Book Review Włodzimierz Piątkowski (2020) *From Medicine to Sociology: Health and Illness in Magdalena Sokołowska's Research Conceptions*', *Security and Defence Quarterly*, 40(4), pp. 95–107. doi: [10.35467/sdq/151910](https://doi.org/10.35467/sdq/151910).

Published: 27 August 2022

## Introduction

<sup>1</sup>"Westernisation" is a process which, on the one hand, challenges the culturally alien social model imposed by the communist regime, characteristic of Russia at that time, and on the other, it emphasises the rooting and cultural openness to a wide spectrum of social and political systems in Europe and North America. It is also an opposite to the search for a narrow European model of real socialism.

Several years ago, [Henckes and Baszanger \(2014\)](#) posed a provocative question: Is there a European medical sociology? When they assessed the beginnings of this subdiscipline, they emphasised its complex, diverse and even eclectic character. They claimed that it was only the analyses by Michel Foucault and Anthony Giddens that made it possible to create a relatively coherent European identity of sociomedical studies. However, that diagnosis did not take into account the achievements and accomplishments of Magdalena Sokołowska (1922–1989), an advocate of the integral and universal model of this discipline of sociology. Sokołowska's version of medical sociology was not of a local nature: her model constructed under the conditions of communism and the Cold War aimed to "westernise"<sup>1</sup> Polish studies on health and illness, which was a kind of challenge mounted to the then "ideological supervisors" over social sciences in the age of "real socialism"<sup>2</sup>. It was she, fifty years ago, who could say with satisfaction that the "... present requirements make doctors quick to adopt ... the qualitatively 'different medicine'<sup>3</sup>, i.e., socioecological medicine oriented towards helping preserve and maintain health" ([Sokołowska, 1972](#), p. 323).

The many years of studies of the scientific system of and hitherto unknown facts from Sokołowska's life, conducted by Włodzimierz Piątkowski, resulted in the publication of the monograph "From Medicine to Sociology. Health and Illness in Magdalena Sokołowska's Research Conceptions" (Berlin, Peter LANG, pp. 273, ISBN: 978-3-631-80666-1).

<sup>2</sup>The term "real socialism" was a euphemism used after World War II as a self-description of the political and economic systems of the Eastern bloc countries and their social models.

<sup>3</sup>The use of the term "different medicine" was caused by an attempt to circumvent censorship, which in communist countries removed any content from scientific texts that might suggest the superiority of Western medical solutions over Soviet (Marxist) medicine.

We learn from the book that among other things, Sokołowska built medical sociology on theoretical and methodological foundations by referring largely to the achievements of American sociologists such as Robert Farris, Warren Dunham, Talcott Parsons, Everett Hughes, Robert Merton, August Hollingshead and Eliot Freidson. She recognised those pioneers of studies on health and research as the authors of the scientific identity of medical sociology (Sokołowska 1976 p. 312; see: Piątkowski, 2020, pp. 166–167). Medical sociology in Sokołowska’s version was almost always practically oriented and at the same time, in the 1970s, constructed on direct references to general sociology. Piątkowski quotes her diagnosis of that time that: “The theoretical assumptions of medical sociology in Poland have not yet been developed. This is not some special situation because there are no such studies in the world.” (Sokołowska 1976, p. 109; see Piątkowski, 2020, p. 167). This opinion prompted Sokołowska to even more intensely seek the cognitive and social identity of the subdiscipline, which she co-authored.

Thus, it is not surprising that in the final part of the book her biographer presents himself and his readers with a challenge: the need to adopt – in light of her life and work – a progressive view on the social context of the changes occurring in the health care system and, simultaneously, on the further development of the sociology of medicine (health, disability, disease). Paraphrasing the author’s words at the end of the book, we can say that when analysing Sokołowska’s personal life and the stages of her research work, we should be provoked to ask questions: what shape should Polish (European) medical sociology take; how should the systemic changes taking place in Poland, Europe and the world after 1989 be evaluated, including changes in the health care system, which Sokołowska expected while fighting for a democratic social order as a ‘Solidarity’ activist and advisor in the years 1981–1989.

The current research on the “social and cognitive” identity of medical sociology should take into account the thought and approach to the challenges that characterised Sokołowska (Piątkowski, 2020, pp. 243–244). Paradoxically, modern medicine is entangled in global systemic dependencies and repeatedly subjected to ideologically motivated (self) censorship, to some extent analogous to those prevailing in the communist system. (Piątkowski, 2020, pp. 243–244).

The author’s dilemmas become even more pronounced in the context of the COVID-19 pandemic. Years ago, Sokołowska’s efforts to take a holistic view of human health and disease in their broad social conditions turn out to be crucial in the fight against COVID-19. The need for international cooperation, solidarity and, finally, complementarity between the social policy implemented by governments and the social responsibility of citizens were the main goals that guided the sociology of medicine shaped by Sokołowska. The same goals are proving to be effective and efficient today. The COVID-19 pandemic should only provide incentives to achieve these goals faster. The co-founder of medical sociology, involved in discovering new areas in the sociology of health, disability and disease, still continues to inspire through her works. Today’s rapt admiration for the advancements in medicine makes one aware of the importance of thorough knowledge of the social determinants of health, respect for the basic rules of social life and for universal values such as the person and community. I will attempt to comment upon the latter issue after reviewing the publication devoted to the life and achievements of Sokołowska.

## **Sokołowska’s sociological view of health, disability and disease**

Sokołowska performed a key role in the formation and integration of the sociomedical circles in Poland and Europe. It appears that she continues to occupy this role through her students and successors. She laid the foundations of the Polish school of medical

sociology and they successfully continue her fundamental achievements in such sub-fields as the sociology of health, disability and disease.

What makes this publication even more valuable is the fact that it is based upon a specific relationship between the master and her student who has consequently written several publications in the field of medical sociology since 1978. In 1989, the author published a profile about her in the periodical of the European Society for Medical Sociology [ESMS] and started his research on the description and interpretation of her academic work. The reflections this article provoked among Sokołowska's students and colleagues as well as the author's subsequent conference speeches focused on the breadth of Sokołowska's interests, her comprehensive education, social passions and bonding role, and also on the "Polish school of medical sociology" which she created – the issue to which the earlier national monograph *Sociology with Medicine. In the Circle of Scientific Ideas of Magdalena Sokołowska* [*Socjologia z medycyną. W kręgu myśli naukowej Magdaleny Sokołowskiej*] (2010) was devoted. It was published by the Polish Academy of Sciences Institute of Philosophy and Sociology [Instytut Filozofii i Socjologii Polskiej Akademii Nauk]. The book showed the strength of the relationship which was created between sociology and medicine. The editor of *Sociology with Medicine* also used the international forum (conferences, publications) in order to promote Sokołowska's achievements. Her work was therefore remembered abroad.

Medical sociology was the object of Sokołowska interest throughout 40 years of professional activity. After her trip to the United States of America (USA) in 1958, she stayed long enough to finish the Master of Public Health degree study programme at the Columbia University School of Public Health, and she was a member of the first generation of medical sociologists in Europe. Out of necessity, she had to set the framework and standards for the new discipline, investigate its specificity, and define the type and character of relations both with medicine and sociology. Her activity brought many scientific and organisational successes in the area of international cooperation and teaching in the field of medical sociology. As a member of the International Sociological Association (ISA), and Vice-President for the term of 1978–1982, she invited leading representatives of national Research Committees to Poland. At conferences, attempts were made to define the identity of the subdiscipline. Sokołowska worked for international scientific institutions (ISA, WHO) and lectured at American and European universities. She attached considerable importance to teaching as a form of strengthening the position and status of medical sociology, not only for Polish students, but also for university students in other countries: the Catholic University of Leuven (Faculty of Sociology, 1980), Cuban Academy of Science in Havana (1981), at the Australian universities in Canberra, Melbourne and Sydney, and from 1983 to 1986 at the Faculty of Sociology, University of Siegen, Germany (see details in: [Piątkowski, 2020](#)).

In the Foreword to the book, Anna Titkow, who worked closely with the founder of the Polish medical sociology for many years, the common themes in her scientific conceptions are highlighted including her interdisciplinary approach to research topics, so obvious today, but innovative in the 50s and 60s. This stemmed from her competence in medicine, sociology and nursing. It was due to this and to her social sensitivity that, "She initiated serious research in medicine, due to which this discipline first began to utilise the developments and techniques of sociology. She was also a pioneer of research in sociology, into which she introduced a fascinating research field defined by such concepts as health, illness and medicine" (Foreword). Sokołowska also built the scientific foundations of applied sociology in Poland.

Is the book just a testament to a reliable and credible researcher and social practitioner? Definitely not. The Foreword and the Preface (written by Krzysztof Frysztacki) emphasise

Sokołowska's extraordinary intuition, her creative "Westernisation" of Polish sociology, which, notably, was effected in the realities of a communist country and occurred well ahead of the changes brought about by the period of transformations, which she, unfortunately, did not live to see. For instance, Sokołowska's critical observations on health security, made during the research she conducted in the USA in the 1960s and cited in the book, have taken on a particular topicality in the context of the issues that we currently face in the fight against coronavirus.

The author begins his portrayal of Sokołowska's activities by outlining an early (dating from the beginning of the 1950s) attempt to develop a "sociomedical approach". This chapter (Chapter I) was given a telling title: "Sturm und Drang Periode" [the period of storm and drive], which might imply a tendency to put intuition and feelings before reason; however, it appears that the phrase is rather to underscore the role of Sokołowska's "social sensitivity", which is manifested in her radical criticism of relations in the Stalinist industry. This was courageous and innovative in the context of the way in which the Polish occupational medicine functioned at that time. The focusing of attention on social determinants of health and the simultaneous analysis of the functioning of the structure of industrial health service, as well as its dysfunctions, created, even then, the possibility of describing the features of various healthcare systems. Crucially, this was done from the sociomedical perspective.

What was integrally related to this was the "female issue" (Chapter II). Analysing the work of women at the beginning of the 60s, Sokołowska, who was then a PhD, offered its socio-medical description from the perspective of social hygiene, taking account of the deeper socio-cultural context. Since she appreciated the significance of the process of female emancipation, she argued that the biogenic approach should be replaced by the sociological one in the analysis of factors that pose obstacles to overcoming the inequalities and barriers in the path to social advancement. When asking the question of whether Sokołowska laid the foundations for feminist studies in Poland, W. Piątkowski quotes her words and comments on them: "the emancipation movement in Poland, unlike many trends in Western feminist movements, did not oppose (emphasis ... – W. P.) the institution of marriage and family, but merely insisted on the social acknowledgment of women and on their equal rights with men within the family" (Sokołowska, 1981, p. 358). Piątkowski points out that although Sokołowska did actively undertake "female studies", she also underscored the need to conduct systematic research into the "situation of men", especially in relation to the changes in their roles, positions and aspirations in the context of dramatic social and cultural transformations in Polish society at that time. Sokołowska held the opinion that men ought to have an opportunity to experience their fatherhood more profoundly and fully. She also believed that the media's active involvement in the promotion of new behavioural patterns was of key importance. Thus, she was again a precursor to today's discussions on restoring the importance of fatherhood. It needs to be underlined that she was not involved in the so-called "battle of sexes" or the disparagement of family values. It is only regrettable that the final paragraph is entitled "Beginnings of Feminist Studies in Medical Sociology?" This phrase, which implies that Sokołowska did play such a role, reveals the author's specific ambivalence. In my opinion, there are no reasons for this in her works. Actually, the author himself states that Sokołowska conducted her research in the "paradigm of the sociology of the sexes" and not of feminism. In my opinion, Sokołowska's views cited by the author rather misinterpret her work in the paradigm of gender ideology. Classifying Sokołowska as one of the precursors to "gender studies" on the basis of the sources she used for her publications is a deconstructive misinterpretation made in the publication by Sekuła-Kwaśniewicz (Sekuła-Kwaśniewicz, 2000 p. 124), which is cited by the author.

Sokołowska's contribution to the formation of the scientific identity of medical sociology constitutes the crux of the presented publication (Chapter III). This view on her role in science was expressed in a three-volume work by L. M. Claus, published in 1982, which summed up the development of medical sociology in Europe. The author claims that it is, generally, impossible to overestimate her leading role in the development and current status of Polish medical sociology (Claus, 1982, p. 94). And this was not an easy role, which is evidenced by the fact that such eminent sociologists as Jan Szczepański, Adam Podgórecki and Stefan Nowak offered strong support for her views and position. From the perspective of science methodology, Sokołowska provided the clarification of the concepts of disease, medicine and health, which was crucial for this sub-discipline. In the definition of medicine as such, she differentiated between "knowledge" and "system of action". She outlined the two fundamental fields of research: "sociology in medicine" and "sociology of medicine". As it was claimed, "The formalisation and institutionalisation of medical sociology in Poland were facilitated by the establishment of the Medical Sociology Division within the Polish Sociological Society in 1964 and the Department of Medical Sociology in the Institute of Philosophy and Sociology of the Polish Academy of Sciences in 1965, the crucial role in which was performed by Magdalena Sokołowska". Her innovative organisation of Polish medical sociology, combined with her creative response to the Western experience, led to her playing a major role in inspiring most sociomedical research in Eastern Europe.

Sokołowska's research concerning disability degree certification, as it is known today, or fitness for work assessment, as it was understood in the 1960s, is still significant for the sociology of disability and medical rehabilitation (Chapter IV). This is evident from the new attempt at reforming the whole certification system. Sokołowska attempted to conceptualise the problem of disability and co-created a comprehensive model of research into disability, invalidity, and incapacity for work. The issues of disability have been one of the major problems in Polish medical sociology since the 1960s and, consequently, the Polish model of medical rehabilitation and methods of social integration (for instance, advocacy for people with intellectual disability) are highly regarded in the West. The achievements in this field were well ahead of today's research and of the social processes connected with the implementation of the UN Convention on the Rights of Persons with Disabilities.

Sokołowska's aforementioned comprehensive education together with her openness and resourcefulness manifested themselves in "building bridges" between medical sociology and such sociological sub-disciplines as, for instance, the sociology of family, the sociology of the city (Chapter V). She outlined areas for joint research, defined mutual relations, and showed sources of inspiration. As far as projects combining medical sociology with the sociology of family are concerned, she co-operated with numerous researchers and there are many contemporary continuators of her work. Also, the approach to the city as a subject for sociomedical studies has been continued by, among others, the Lublin centre of sociology of health and medicine, whose research is carried out in cooperation with other countries.

Today's search for an adequate healthcare system, the positions of doctors and other medical professionals in it, and their functioning in society, would not be possible without taking advantage of the achievements of the sociology of medical professions, the foundations for which were laid by, among others, Sokołowska (Chapter VI). Although she began with researching the role of doctors in a socialist society, it was precisely this context that made her reflections ruminations innovative. W. Piątkowski documents this inventiveness at the very beginning by citing *Medical Sociologists at Work* (Elling and Sokołowska, 1978), which is counted among the classic sociomedical publications and contains personal

biographies of, among others, sociologists-doctors. The biographies outline their paths towards “becoming a sociologist”, their work experience gained from contact with various medical professions and – in many cases – precisely from “being a doctor”. By analysing various models of health policy and the roles that doctors performed in these models, Sokołowska outlined a profile of the doctor’s “social standing”, focusing especially on the specialist in occupational medicine, which was crucial for the entire health policy.

In my view, the opinion that Sokołowska’s interests in socio-thanatology as well as “complementary and alternative medicine” were rather superficial fascinations is questionable. One might consider them to be marginal in her rich achievements, but they do evidence her holistic understanding of the human being, which propelled her into a more and more extensive search for the truth about “social man” in the entirety of collective life. How to consider its undertakings as superficial, since they were a novelty in the development of the sociology of medicine and medicine itself? This is contradicted by a wide spectrum of issues in the vast research field of sociothanatology, which Sokołowska tried to encompass into one coherent whole. These include institutionalisation and deinstitutionalisation of the process of dying, barriers in communication with terminal patients, social attitudes towards death, social determinants of infant mortality, changes in the category of “life expectancy” and mortality in the lower classes in the context of economic inequalities, doctors and nurses preparations to take care of terminal patients, and the “dying conditions” in public hospitals. If we relate these examples to the situations caused by the COVID-19 pandemic, we will see how much the modern world is unable to provide safety to man from the moment of his natural conception until his death. In the COVID-19 pandemic, people affected by SARS-CoV-2 coronavirus, especially in the initial period of the pandemic, died in hospital wards and in nursing homes, very often in complete loneliness, even without spiritual support.

According to Krzysztof Frysztański, it would be difficult to find in the entire development of sociology after 1956 someone whose role in the field of medical sociology could be compared to that performed by Sokołowska. He adds that the research questions, principles and methodologies which were formulated and pursued in this field became the key reference point for the entire specialist sociology in Poland.

In the final part of the monograph, which is devoted to Sokołowska’s achievements in the areas of science, organisation and education, the author draws attention to some unanswered or inadequately answered questions concerning, among other things, her personal life. The questions focus around her childhood and early youth during the Second Republic of Poland; the period of the German occupation of Poland (the most difficult time in her life, and the motives for her dramatic decision to voluntarily apply for physical work in Germany); her medical studies, which she continued at the University of Vienna between 1945 and 1947 and then in the Medical University of Gdańsk (and not in Warsaw circles, with which she was very familiar) and, finally, about the subsequent stages of her academic career in the context of her opposition activity. The date of her death is also significant as she died on the threshold of the political system changing, after years of fighting for a democratic social order as an active member and advisor of “Solidarity” between 1981 and 1989. We can, however, be certain, that she left behind outstanding successors, disciples of her school of scientific thought, and not only those who continue to develop medical sociology and the sociology of health, disability and disease, but also social politicians who shape the broadly understood areas of health policy. Thus, her rich biography is not yet finished, which is vividly shown in this publication. It is also evident in the fact that Titkow and Ostrowska, Sokołowska’s students and then colleagues of many years, involved themselves in the creation of the presented monograph.

## The timeless significance of Sokołowska's works

In their discussion on the hundredth anniversary of the Polish health policy, Włodarczyk and Suchecka (Włodarczyk and Suchecka 2018, pp. 370–371) claim that the shape of the currently dominant model of health policy results from maintaining a proper balance between health care and public health. According to the commonly accepted knowledge, it is always more beneficial to prevent than to cure. Admittedly, treatment is necessary in many situations as prevention eventually ceases to be effective, which is why healthcare systems are built; it is, however, advisable to refrain from medical intervention for as long as it is possible.

In her research and in the social initiatives she undertook, Sokołowska promoted the prevention of illness and refraining from treatment, which strengthened the system of health. She influenced the development of the contemporary health policy by asking basic questions about how women/mothers, men/fathers, families, social groups fulfilled their roles in the provision of health care, rehabilitation and therapy on the basis of natural bonds. She emphasized that the more medicine and its specialisations progressed, the more vital it was to strengthen these natural bonds and the mechanisms ensuring healthy development, recovery and the fulfilment of rehabilitation and therapeutic functions. Hence, it was difficult to be surprised at her immediate involvement in the “Solidarity” movement, among whose 21 demands these questions were reflected, not so much in the demand for the improvement of working conditions of the health service so as to provide full medical care to the employed, as, primarily, in the demands for a health and nutrition policy that respected the biological condition of the nation (5 demands) and for the right to dignity in old age (2 demands). Not so much in the pay demands, as in the demands for the right to equitable and fair work and pay (3 demands) and for independent trade unions and the right to strike (3 demands). Not so much in the demand for family policy, as in the demands for respect for the family’s right to be entirely responsible for its own shape (5 demands). All this was grounded in the demands for the right to freedom of speech (2 demands) and to social and civil dialogue (2 demands). It is not surprising that the title of the article which Sokołowska wrote at that time was “Social Responsibility for Dependent Groups” (1981). In it, she juxtaposed two terms: social policy and social responsibility (the latter was so strongly connected with solidarity). She understood social policy as the state administration’s responsibility for specific social issues. On the other hand, social responsibility, in her view, implies “a much broader range and greater variety of phenomena and processes” (p. 7). The meaning of social responsibility is especially evident in relation to the groups of so-called dependent people (e.g. persons with disabilities, chronically ill seniors). Today, we would say that they are those at risk of marginalisation and social exclusion. She regretted that the contemporary systems of health protection and social assistance were not suited to the needs of these groups. And although, in her opinion, the role of family and informal groups (including self-help initiatives and groups) was of key importance as at that time there was no research evaluating this potential.

Can we hope for such research now? The answer is pessimistic. Following the lack of reliable data on disability in the 2011 National Census of Population, it was decided in 2013 that the disability issue should be incorporated into studies on Health care in households in 2016 (Statistics Poland, 2018), carried out every three years by the Central Statistical Office. The research questionnaires included questions regarding the care of the disabled members of the household who are entitled to care benefits as well as questions about the household’s spending on such care (p. 16). There were, however, no questions concerning self-care and the household’s health potential. The potential resulting from the social

responsibility of families and their members, including the crucial group of the disabled, was therefore ignored.

It seems that Sokołowska would struggle for precisely this empowered role of a disabled person and their family. Already in 1981, she raised these issues in the above-mentioned article on social responsibility. She also fought for these issues in the 1980s when she worked on the system of health care as a member of the “Poland 2000” Committee and the Polish Academy of Sciences Committee on Man’s Rehabilitation and Adaptation (Komitet Rehabilitacji i Adaptacji Człowieka PAN), and then during the Round Table Talks as an advisor of the Independent Self-governing Trade Union “Solidarity”. Shortly before her death in 1989, she was involved in the organisation of a national science conference “Your Health in Your Hands?” [“Twoje zdrowie w Twoich rękach?”]. She referred to social responsibility manifesting itself in self-help, natural self-organisation of the family and community. Sokołowska did not intend to contrast social responsibility with social policy, these processes (phenomena) being mutually complementary. It needs to be emphasised again that her articulation of the significance of social responsibility during the period and in the context of “Solidarity” was not accidental. It was the manifestation of her involvement in the shaping of social life in accordance with the ideals of “Solidarity”. In the 1990s, the provisions on self-help activities were still an integral part of the statutory regulations and national programs concerning health services. Nowadays, if they are there, they are only a verbal declaration which is not reflected in the systemic solutions consisting in taking account of, for example, the minimum spending required for supporting these types of activities in the sphere of public life.

As far as the COVID-19 pandemic is concerned, the situation was analogous, but in this case it was the nature of the virus itself that necessitated the introduction of rules for the socio-economic life that minimised the risk of infection through social distancing and, at the same time, slowed down the pace at which the number of infections increased. Social responsibility and the ability to self-organise proved to be of key importance. Social responsibility gave the public services time to reinforce the infectious medicine centres and prepare them for facing the new challenge. Family proved to be the key to success. Although it is not free of problems and faces numerous civilisational challenges, it is the family that guarantees social responsibility and the politicians appealed to it. The competently shaped social policy (care benefits, support for businesses so that they could retain jobs, distance learning at all levels of education from primary to university, home quarantine) relied on social responsibility for its working potential, which was initiated by families in households in a natural way. This obviously revealed numerous weaknesses of households and the families of which they consisted, but quick social diagnosis, properly implemented measures and effective information policy meant that the socio-economic life cycle, although changed, was not broken.

It appears that the major success consisted in the fact that the government had the ear of the Polish people and its main organisational potential which guaranteed minimal security turned out to lie in families, who quickly became organised within households. The situation was much worse at the local government level. Although the local administration quickly conformed to the directives on social distancing, there were numerous inadequacies in such areas as the organisation of the functioning of the institutions “under lockdown” and the functioning of specific public services. The problems occurred more frequently in urban conurbations, which require a significant potential so that their public services can organise the local communities. These difficulties were less severe in small local communities, which have a natural self-organisational (community-based) potential.

The organisational potential of concrete local administrations depended on the number of social organisations and the extent to which these groups and organisations launched social initiatives, performed specific public tasks, and ran, for example, social support centres for people with disabilities. In places where such potential was considerable and many institutions, schools, social support centres and social enterprises were run by social organisations, both social distancing and the number of new initiatives progressed with a greater sense of safety while the level of pandemic threat was lower. The society's natural self-organisational potential based to a great extent upon the family and natural social bonds proved to still be high. On the other hand, social organising based on the potential of social organisations was, unfortunately, deficient. The dependence of the effectiveness of social and economic policy implementation on social responsibility, which Sokołowska had indicated, was now dramatically proved.

The scale of the self-organisational potential that can be unlocked thanks to social responsibility, which was emphasised by Sokołowska, was evidenced in the research into the development of the third sector in Poland in the first years after 1989. When describing the processes occurring in this sector in the initial period of the so-called Polish transformation, Wojciech Sokolowski, an eminent scholar studying social organisations, gave his article the following title: “The discreet charm of non-profit forms: service professionals and non-profit organisations (Poland 1989–1993)” (Sokolowski, 2000). He made a diagnosis that is still valid today. That period was, by definition, supposed to mark the abandonment of centrally-planned economy, sometimes referred to as shortage economy. Researching the role of newly-formed organisations in the process of professional innovation, which was enabled by the transfer of the western technology of services to Poland, he described them as social proximity organisations (SPORGs). In his view, they were – and, in my opinion, they still are, though often in the negative sense – the result of the intended mutuality of interests between the activities that increase social proximity (integration) and the systemic interests of service providers (professionals, the state). These organisations legitimise and promote, in the marketing sense, the provision of services which are not secured by the existing system. This might be the result, for instance, of the poor organisation of the (state) system, but sometimes, not infrequently, of the novelty of the solutions proposed by so-called social enterprises. This phenomenon was noticed by Sokolowski in the first stages of the Polish transformations. He described it in detail in the context of health and social services, which needed immediate action at that time. Today, it is already possible to extrapolate his diagnoses concerning the area of health and social services to such areas as education, culture and even – in recent times – the country's defence. The author implies that if these areas are underfunded, it would seem natural to commercialise the provided services delivered by professionals. In Poland, however, the professionals decided, to a large extent, to deliver those services in a form which, by definition, precludes the possibility of yielding financial profits but guarantees “uses and gratifications of organisational forms” (the term borrowed from Katz *et al.*, 1973/74, quoted in: Sokolowski, 2000, p. 144). What the author describes as “social proximity organisations” should, in the context of our traditions of solidarity, be termed “social solidarity organisations”. It was observed that at that time, the number of organisations working for the ill, the disabled and for families with problems was growing fast. Unfortunately, in the contemporary public discourse in Poland, neither the aforementioned term nor the traditional one, i.e. “social organisations” managed to take root; instead, the statutorily and arbitrarily imposed term “non-governmental organisations” (NGOs), which was culturally foreign, prevailed. The area in which as many as 39 per cent of such organisations actively operated was health care; less than half of this percentage – 16 per cent – functioned in the next area, that of social care. The society adopted a grassroots approach and carried out these activities (services) that also stemmed from the most basic needs

of a biological, psychological and also spiritual nature. Many of these activities were undertaken by the *stakeholders* of these organisations: the “members who directly benefit from the organisation’s activity” (Sokolowski, 2000, p. 144). In this context, Sokołowska wrote that “in the European Region, considerable emphasis is placed on partner participation of the directly affected individuals and their families in the preventative and therapeutic activities within the European model of basic health care. As far as dependent groups are concerned, ‘the patient or the disabled or elderly person should be encouraged to pursue such goals as independence, self-determination, maintaining their status, full access to dignity and civil rights, maximum participation in the processes of treatment, care, rehabilitation and other activities aimed at relieving their condition.’” (Sokołowska, 1981, p. 26, see: Kaprio, 1979). Thus, she underscored the significance of the empowerment of these people and their families, in terms of both agency (self-determination, assertion of civil rights, participation in “the processes of treatment, care, rehabilitation and other activities aimed at relieving their condition”) and the very fact of being a person (the resulting entitlement to independence and dignity). Both Sokołowska’s article of 1981 and her involvement in the shaping of the foundations of health policy after 1989 evidenced her belief in the significance of the role of natural resources: the potential of the family and of a self-organising society (self-help groups, social organisations). This high opinion of the third sector’s potential was confirmed in Sokolowski’s article (2000).

At this point, however, when citing Sokołowska, it would be necessary to indicate that social (health) policy, which is the responsibility of the government and the state administration, who work for specific social groups or communities, should be accompanied by properly stimulated social responsibility. This, however, requires the constant reinforcement of both the family and a self-organising civil society. The importance of this was illustrated by the first wave of the COVID-19 pandemic. Sokołowska’s words from almost forty years ago remain true that “the growing role of hospitals in treatment cannot be seen as a substitute for the family’s functions: the hospital does not replace the family as far as these activities are concerned. It is a supplement, the place where additional services are provided in the case of the situations, conditions and diseases that mainly require home care, while professional intervention is only necessary from time to time. The view that the hospital has an advantage over the family does not take account of the changes in the picture of diseases, the changes which started about two or three decades ago. Some forms of the currently prevailing chronic diseases may not exhibit the need for institutionalised treatment” (Sokołowska, 1981, p. 22). Kwak (2017, pp. 162–163) draws attention to the basic reservoir of solidarity that is revealed in the family. Despite the large number of divorces and reconstructions that undermine the functioning of the family, “this is not a rejected pattern in modern times.” The family is the basic form of reserved solidarity capital that both individuals and society can appeal to when needed. However, this requires taking adequate political action and social responsibility contributing to building satisfactory relationships within the family. It is the quality of social relations that is an important factor influencing the maintenance of solidarity.

Nabila Jamshed begins her article (June 26, 2020) devoted to the fight against the pandemic with the following statement, “the virus SARS-COV-2 may not be a biological weapon, but the effects of the disease it causes, known as COVID-19, has been on the level of a Weapon of Mass Destruction (WMD). There have been over 9 million cases of COVID-19 worldwide, the disease caused more deaths in New York City alone than were caused by 9/11. The exceptional nature of the disease’s global scale, the risk to human life, the dislocation of the economy, and the strain on public infrastructure has made addressing it require ‘securitised’ responses”. It appears that the response must involve appropriate action at both economic and social levels. Once again in history, as it has always been in crucial, difficult moments, it is the family – as the Polish experience has shown – that

has become the resource on which one can still draw. The analogous potential should be developed in the area of civil society, in the various forms of self-help, mutual support, non-governmental organisations and, naturally, the emerging social entrepreneurship.

## Final remarks

The book confirms the importance of this sub-discipline, which was created from scratch in Poland. The knowledge about the current state of the Polish sociology of health and medicine, as well as its prospects (Juros, 2020), indicates its vast potential. It is, therefore, worth exploring the major themes of the book devoted to the founder of the Polish school of sociology of health and medicine. It is even more advisable since Sokołowska, with her deep involvement in research and social issues, was, almost from the beginning, a member of the communist party (PZPR, the Polish United Workers' Party). However, almost from the beginning, "her criticism of real socialism practices introduced in the health care system began to gradually grow" (Piątkowski, 2020, p. 36). The turning point came during the time of the "Solidarity" movement, when she became an advisor to the Independent Self-governing Trade Union "Solidarity" (NSZZ "Solidarność"), which led to her participation in the Polish Round Table Talks on Solidarity's side. She was an advisor during the negotiations concerning health services. As a member of the National Health Committee, she saw the need for radical changes. The appearance of the Solidarity Movement was as unexpected for Poland as it was for all the other countries in the world. People involved in the Solidarity Movement changed the world.

According to Szopa (2020), the Covid-19 pandemic was also as unexpected for Poland and its public services, including the army, as it was for almost all the other countries in the world. This was stated at the beginning of the Report documenting the broad spectrum of activities undertaken by the army in co-operation with the other public services. These activities helped forge Poland's success in the fight against the Covid-19 pandemic in the first wave, when knowledge about the virus and how to treat it was negligible. This, however, would not have been possible without the more-than-a-hundred-year-old tradition in Poland's health policy, combining medical care with public health, which manifests itself in the constant coordination of the broad spectrum of activities within the health system (Włodarczyk and Suhecka, 2018, p. 360). One of the important pillars of the Polish health system is the sociology of health and medicine, whose precursor was Sokołowska.

Even the period of enslavement of the nation by the communist regime did not stop the creative development of the Polish health care model. The gradually developing sociology of health, disease, disability and medicine played an important role in this process. The health care system imposed on Poland, implemented in the Soviet Union from 1928, recognised that effectively combating epidemics was of key importance for the development of the socialist industry (the arms industry was prioritised and other industries were subordinated to armaments). For this purpose, a nationwide network of industrial healthcare facilities was created. They were supposed to improve the health of the working class. At the beginning of the 1950s, Sokołowska undertook research on this system of health care organisation in factories and enterprises. It reveals its imperfections and defects, inadequate research methodology on employee safety. Piątkowski points out that in the monograph "In Medical Sociologists at Work", she recalled the influence of the home on the physical and emotional health of working women but also found there was an increasingly large body of empirical evidence that the industrial environment could have harmful effects on workers' health" (Piątkowski, 2020, pp. 53–54). It was a breakthrough in the current model of industrialisation, which played a key role in the country's defence.

The dominant position of industries producing for the needs of the military, depending on the quality of health of young workers, forced us to look at health more broadly. Sokołowska proposed new organisational solutions in occupational medicine borrowed from Western Europe and the USA. During her stay in the United States in the late 1950s, she focused on the analysis of well-known social inequalities and their influence on health conditions of the indigent members of the American population (Sokołowska, 1961). Sokołowska considered the inability of most citizens to cover the full cost of treatment as the greatest “structural problem” ... and advised that it should be solved by the organisation of a system guaranteeing “health security” to the average citizen. Its suggestions were broadly confirmed during the pandemic, when countries with a weak system had to undertake a wide range of interventions. Piątkowski states that from today’s viewpoint, it is a historical contribution to further investigations into social inequalities in health.” The pandemic confirmed that the enormous stratification of society in the United States, combined with significant impoverishment of the middle class, affects the health security of the country. Such a situation naturally reduces the defence capabilities of every country (see: Kuczabski, 2019).

Sokołowska’s satisfaction with the development of health sociology in the early seventies increased with the emergence of the Solidarity movement. At that time, she formulated the idea of complementary linking of the social policy of the state with the social responsibility of self-organising citizens. Her involvement in the co-creation of the Solidarity movement, as well as Poland regaining its freedom after 1989, has always been associated with care for the social shape of health care. At that time, at the beginning of the system transformations, she was convinced that there was an enormous potential among the social sciences professionals dealing with the issues of health, disability, disease, medicine and medical rehabilitation. There were numerous discussions about the Polish schools of pedagogy, psychology, sociology, rehabilitation and their role in the transformation process. The directions for the development of medical sociology outlined by Sokołowska are still being developed. This is reflected both on the research and practical level in responding to contemporary challenges in the field of health security.

When faced with the COVID-19 pandemic, we can say that sociology with other social sciences has difficulty adequately explaining it in the context of existing theories. As Raewyn Connell states after a negative answer to the question “what kind of sociology would be valuable in crafting a response? (Connell, 2020): “But we can contribute to responses that mobilise community resources to deal with a social / biological crisis, and prepare for the others that will certainly come”. This direction of thinking has always guided the research and practical involvement of Sokołowska. What makes the model of health, disease, disability and medicine sociology proposed by Sokołowska adequate to deal with contemporary threats is the holistic and subjective perception of man in society.

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