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THE MEDICAL SOCIOLOGY AND THE SPORT SOCIOLOGY IN POLAND – THE DISSIMILAR TWINS

Abstract. The article concerns the medical sociology of and the sport sociology in Poland. Despite some similarities (cooperation with institutional fields outside the humanities, partial sharing of the subject of interest and dealing with various dysfunctions in this area, the applicative nature of their research and analysis, emergence at a similar time), an important difference can be noticed in the academic functioning of both sub-disciplines, including their attractiveness for subsequent generations of sociology students. The purpose of the article is to identify the reasons for this situation. The global conditions analysed by the author include greater interest of the classic authors of sociology in the discussion of medicine rather than sport, the depreciation of sport as a subject of sociological reflection, as well as a different level of prestige of the disciplines with which the specific sociologies cooperate. Among the national determinants of the relatively weaker academic establishment of the sport sociology is the fact that – in contrast to the medical sociology – it developed in a certain isolation from the general sociological milieu, and did not manage to avoid ideological entanglements.

Keywords: the medical sociology, the sport sociology, Polish Sociological Association, Polish sociology, sociological sub-disciplines.

1. Introduction

It is a home truth that there are numerous sociological sub-disciplines. Suffice to say that currently (July 2019) there are 21 specialised sections in the Polish Sociological Association. Similarly, 37 Research Networks function in the structures of the European Sociological Association. In turn, 57 Research Committees, 6 Thematic Groups and 2 Working Groups currently exist within the International Sociological Association. The author's proposal is to group the sociology sub-disciplines into the following areas:

1. general sociology and general social theory, social structure, methodology of social research;

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2. sociologies of various areas of social life, functioning independently, based on their own theoretical findings or referring to the theory of general sociology; their achievements may be useful for practitioners of given fields (e.g. sociology of work, rural and urban sociology, sociology of everyday life, gender, civil society, science);
3. sociologies (e.g. sociology of culture, politics, art, religion, economy), whose subject of interest also lies in the domain of other social disciplines or the humanities (indicated in the names of those disciplines); these sociologies can communicate with their “partner” discipline in the humanities owing to the shared canon, that is, a certain body of concepts or notions (e.g. liberalism, “dramatic perspective” or postmodernism) or a similar cognitive model; despite the different perspectives, one science can inspire the other and make use of its intellectual attainments;
4. sociologies dealing with those areas of social reality which used to be colonised – as an object of cognition – by various non-humanities (the medical sociology, sport sociology, military sociology, sociology of industry); the interests of these sociologies oscillate between social research for the needs of these other disciplines and critical, strictly sociological studies¹.

The article focuses on two sociological sub-disciplines associated with the last of the areas listed above: the medical sociology (wherein research and analysis are conducted mainly in the sphere of the medical and health sciences) and the sport sociology (operating in the sphere of the physical culture sciences). Let us precede considerations on what connects these two sub-disciplines by defining the objects of their interests. In the case of the medical sociology it is worth recalling Robert Straus’ distinction – in use since 1957 – between the sociology *of* medicine, often having a critical dimension, and applicative sociology *in* medicine, as an auxiliary science of medicine (Ostrowska 2004; Sokołowska 2009: 21–22; Skrzypek 2012: 373). Quoting Antonina Ostrowska, the medical sociology deals with almost every aspect of health, illness and medical care, addressing social issues in such areas as the etiology of diseases, the behaviour of people in good health and in sickness, the functioning of medical institutions, the availability of medical care, as well as research on all the ethical, organisational, political and economic problems associated with them. Therefore, this sub-discipline is often called *the sociology of health, illness and medicine* (Ostrowska 2009: 14), but hereinafter the original name will be used consistently throughout this text: the medical sociology. Then, in terms of the sport sociology (sometimes called physical culture sociology), this discipline deals with the *social contexts, determinants, consequences and manifestations of such phenomena as: sport (in the narrow sense), physical recreation and physical education* (Stempień 2018: 177).

¹ Other criteria for division of sociological subdisciplines are e.g. methodological, subject and pragmatic criteria (Kołodziej 2015).

When thus understood, what do the medical sociology and the sport sociology have in common? The first characteristic is that there is overlap with regard to the subject of interest, namely health, which is considered a key value. It should be noted, however, that in the case of the medical sociology, health is treated in a more complex way (including socio-cultural determinants of the term “health”, issues of health damaging behaviour, health promotion). The postulate of integrating the medical sociology and the sport sociology (Rekowski 1995: 116–117) by establishing a new sub-discipline (social health theory or the sociology of health) is even more controversial because it would not fully cover either the interests of the medical sociology (as defined by Ostrowska), or those of the sport sociology (for which healthy oriented physical activity is only one of the fields of interest, alongside e.g. professional sport); thus such a new sub-discipline would merely embrace their “common area”. Therefore, social health theory or sociology of health could not replace both the medical sociology and the sport sociology, but could possibly constitute another sub-discipline². Notwithstanding the above reservations, we can speak of a certain relation between the two specific sociologies.

Secondly, a shared feature of the medical sociology and the sport sociology is their practical nature. Both of these branches of sociology fulfil the tasks “ordered” by associated disciplines. Thus, medical sociologists deal with, for example, health promotion – by developing specific programs and conducting research to assess their effectiveness. It is worth recalling here the long-lasting experience of the National Centre for Workplace Health Promotion at the Nofer Institute of Occupational Medicine in Lodz. Similarly, over the years, sport sociologists have worked as members of multidisciplinary research teams on designing and applying programs and schemes to e.g. combat obesity, improve school physical education curricula and the system of training for physical education teachers, or raise the competencies of sports coaches (Lenartowicz, Dziubiński 2019).

Thirdly – and perhaps paradoxically – it should be noted that both medical and sport sociologies (in the global perspective too, not only in Poland) deal with vast dysfunctions in medicine and sport, alongside demoralisation of professionals-actors in these fields (respectively: physicians and medical staff, athletes and sport activists) – a phenomenon perceived by society and presented in the media. The dysfunctions in the field of medicine include pathologies and organisational drawbacks, corruption, nepotism, the persistence of informal coteries and the abuse of power in the medical establishment (Gałuszka 2003; Gałuszka, Legiędź-Gałuszka 2008: 67–71, 76–81; Piątkowski 2015; 2004: 23–24; Bizoń 1976), while in the field of sport they include doping, corruption, politicisation and ideologisation, commercialisation, mediatisation and the problem of stadium hoo-

² The situation would be similar in the case of the sociology of the body, which would only cover some problems and social practices within the area of medical sociology (e.g. the attitude towards one’s body after loss of its full ability) and sport sociology (e.g. social pressure to take care of appearance through physical activity).

liganism (and sports fans' aggression) (Krawczyk 2003: 165–166; Lipoński 2009: 48–50).

Despite the significant similarity due to the fact of belonging to the field outside the humanities, the shared applicative nature of investigation, comparable subject (health) and multiple dysfunctions within their spheres of interest, one can speak – especially in the case of Poland – of a key difference between the medical sociology and the sport sociology. This is the difference in their academic status, including their attractiveness to upcoming generations of sociology students. It is easy to notice that although sport is a popular phenomenon, attracting the attention of a wide audience, for sociologists it appears to be an unattractive subject, especially in comparison to medicine. How can this be explained?

Let us start by saying that the Sociology of Sport Section at the Polish Sociological Association had only 25 members at the end of 2018 and was one of the smallest in this organisation. Michał Lenartowicz and Zbigniew Dziubiński (2019), referring to the realities of the sport sociology functioning at universities of physical education, point out the poor condition of the sub-discipline and low level of sociology presence in general. Taking into account all the six academies of physical education in Poland, including their branches, Lenartowicz and Dziubiński counted only 10–12 academics who in 2018 formally dealt with the problems lying within the field of interest of the sport sociology (Lenartowicz, Dziubiński 2019). The situation is no better in the case of sport sociologists working at universities. They function in a kind of “diaspora”; nowhere in the country is there a department or chair of the sport sociology or sociology of physical culture. The agenda of the 17th Polish Sociological Congress in Wrocław in 2019 included two thematic groups devoted to various aspects of sport. In total, only 10 papers (prepared by 11 participants altogether) were delivered there; there were no papers in printed form for reading and discussion (so-called *laid out papers*). This should, however, be seen as a certain success, as there had been no sport thematic group in the program of the previous congress.

The situation in the case of the medical sociology is substantially different. First of all, the Sociology of Health and Medicine Section of the Polish Sociological Association currently has 81 members (and therefore is a team over three times larger than that of the sport sociology). The sub-discipline is also relatively strongly rooted institutionally: the Department of Sociology of Health, Medicine and Family operates at Marie Curie-Skłodowska University in Lublin, and various academic units exist at particular medical universities, either directly dedicated to sociology (e.g. sociology departments) or employing sociologists – due to their profile of activity – in addition to doctors and specialists in the field of health sciences (e.g. departments of social medicine, social sciences development, social pathologies, etc.). The agenda of the 17th Polish Sociological Congress included one double socio-medical group, as part of which 10 papers were delivered and 6 papers were submitted for reading and discussion; they were prepared by 26 authors in total.

The above data indicate that the medical sociology, when compared to the sport sociology, is practiced by more researchers. This can be explained – at least in part – by the greater popularity and attractiveness of medicine and health issues in comparison to sport and recreation as a field of sociological investigation. What is the reason for this variance in preferences? The purpose of this article will be to answer this question. In the author's opinion, two types of conditions will be relevant: global-international and specifically Polish ones. In both cases it will be necessary to refer to the history of sociology.

2. Global determinants

In the global perspective, three significant historical differences between the medical sociology and the sport sociology, which led to their different attractiveness for subsequent generations of researchers, can be distinguished. First, there are different levels of interest in medicine and sport when it comes to the classic authors of 20th century sociology. Second, the subjects of reflection are esteemed differently (medicine, health and illness versus sport and physical activity). Third, the disciplines which the sub-sociologies cooperate with (medicine and health sciences versus physical culture sciences) are associated with different levels of prestige, and this is long-established in the academic world.

First of all, it is necessary to mention that the process of the institutionalization of medical sociology³ was significantly influenced by publication of Talcott Parsons's *The Social System* in 1951, in which the author discussed issues associated with medical care, and with health and illness, from a sociological perspective in order to illustrate the most important theses of structural functionalism (Skrzypek 2012: 371; see also Ostrowska 2004: 33–34). Importantly, considerations on the process of illness and the shaping of the physician-patient relationship have become an attractive and convenient field for testing many concepts of general sociology. This probably grounded and strengthened the status of the medical sociology as a sub-discipline. According to Antonina Ostrowska (2004: 33),

the patient-doctor relationship has been described and interpreted by representatives of almost all the major theoretical currents in sociology. Thus, works have been created illustrating, with the help of the patient and the doctor, the approach of functional theory, conflict theory, symbolic interactionism, phenomenology, ethnomethodology, and social constructivism.

It is worth recalling here, for example, the classic work of Barney Glaser and Anselm Strauss regarding the awareness of dying and four awareness contexts, or Eliot Freidson's deliberations on the shape of the doctor-patient relationship in the conflict theory perspective.

³ The term *the medical sociology* was used for the first time by Charles McIntire in 1894; one may say that the idea of developing social reflection on medicine had a long tradition. Researchers agree that the authorship of this idea should be attributed to medicine (Tobiasz-Adamczyk 2005: 31).

Medicine was, therefore, for the authors of the sociology classics and leaders representing various theoretical orientations, an attractive field for testing and presenting their concepts. On the other hand, sport was for a long time basically denied such recognition. Only in the last quarter of the previous century and later can we find the first uses of sport examples and analogies in a slightly broader dimension in the works of leading sociology theorists (Bourdieu, Elias and Dunning, Baudrillard) (Giulianotti 2004).

As Lenartowicz and Dziubiński remind us, traces of considering sport, games and activities and their relationships with various social phenomena can be found, of course, in the works of Georg Simmel, Max Weber, Thorstein Veblen or William G. Sumner, and later also Lewis Mumford, Johan Huizinga and Florian Znaniecki, among others, but even if they did discuss sport directly, it was most often an occasional and marginal topic of more general considerations for them (Lenartowicz, Dziubiński 2019; see also Malcolm 2014: 9 et seq.). Similarly, Antonio Gramsci or Theodor Adorno (Giulianotti 2004), among others, occasionally wrote about sport, while Helmuth Plessner published the work *Soziologie des Sports* in 1952. Of course, many sociological concepts can be used for analyses in the field of sport (even Marxism), but it will be in the form of an adaptation; it is quite difficult to find examples of direct interest in sports issues in the sociology classics. The indicated disproportion among the leading authors in terms of interest in medicine and sport may be related to the fact that modern sport – born in the mid-19th century – was initially perceived by many sociologists as a phenomenon of questionable social durability, trivial, stemming from the sphere of lower culture (Sage 1980, cited in: Malcolm 2014: 5). This cannot be said for strongly institutionalised medicine, which has centuries-old traditions.

All this resulted in the fact that the process of institutionalisation of the sport sociology was slightly delayed and not as smooth when compared to the academic establishment and “crystallisation” of the medical sociology⁴. Referring to the approach of Nicolas Mullins, distinguishing four stages in the formation of new scientific disciplines (normal stage, network stage, cluster stage and the stage of development of a new specialty/ sub-discipline or discipline), John W. Loy, Gerald S. Kenyon and Barry D. McPherson (1980: 92–94) argue that the years 1951–1964 encompassed the normal phase of the sport sociology development (research work carried out in separation, without the coordination of activities, or the exchange of experience or any organisation). The first stage ended with the founding (on the Polish initiative of Andrzej Wohl) of the International Sociology of Sport Association (initially as the International Committee for the Sociology of Sport). According to Loy, Kenyon and McPherson, the network phase (for which

⁴ The sport sociology is a younger sub-discipline than the sociology of medicine (in 1921 a book by Heinz Risse *Soziologie des Sports* was published where for the first time sport was identified as a separate object of sociological interest).

the functioning of community leaders and their frequent communication is characteristic) occurred in the years 1965–1972.

After 1972, the sport sociology entered the cluster stage, for which educating subsequent generations of researchers is typical, according to the classical model of master-student relationship. This means further stabilization and consolidation of the research community from a given area. However, it turned out to be a problem for the sport sociology to obtain the status of a fully recognized sub-discipline (i.e. the transition to the fourth stage according to Mullins' concept), due to the still narrow group of researchers, low status (prestige) of the field of interest (depreciated by sociologists as trivial and not very serious, and by specialists in the field of physical culture, representing "hard science" paradigm, who considered the sport sociology as not scientific enough) and often poor quality publications (having an essayistic, journalistic character and actually ignoring the theoretical findings and tools of sociology, and thus rarely published by leading scientific periodicals) (Loy, Kenyon, McPherson 1980: 98–106; see also Malcolm 2014: 17 et seq.). It seems that currently the sport sociology is functioning as a "full-fledged" sociological sub-discipline. For example, about 7–8% of presentations during the congress of the British Sociological Association were sociological analyses of various sport-related phenomena (Woźniak 2015: 7).

The last issue is the gap in the prestige between the disciplines with which medical sociology and the sport sociology are related. It must be clearly stated that medicine is an area of professional and scientific activity endowed with particularly high respect, both in society and among the academic community in general. American research by Gillian Stevens and Elizabeth Hoisington shows that healthcare managers, medical scientists and medical lecturers (and even medical technicians) have all enjoyed very high social respect among all professions in historical perspective. This should be compared, for example, with the at most average prestige of physical education teachers (Stevens, Hoisington 1987: 86 et seq.). Loy, Kenyon and McPherson (1980: 102–103) directly claim that physical education faculties are among the least prestigious faculties in American universities and colleges.

3. National determinants

Medical sociology in Poland

In Poland, the medical sociology appeared in the 1960s; one can say that this decade was the golden era of sociological sub-disciplines (Ostrowska, Skrzypek 2015: 19–20). Magdalena Sokołowska, who combined medical, nursing and sociological education, was the founder of Polish medical sociology. It was on her initiative that the Section of Sociology of Medicine was established within the Polish Sociological Association in 1964, and a year later the first socio-medical

academic unit in the country (i.e. the Sociology of Medicine Department) was created at the Institute of Philosophy and Sociology of the Polish Academy of Sciences (Ostrowska, Skrzypek 2015: 19–24). In the years 1978–1982 Sokołowska was the vice-president of the International Sociological Association; she was also the first president of the European Society of Medical Sociology (currently the European Society for Health and Medical Sociology). Sokołowska was undoubtedly the most important figure in the intellectual community associated with the sub-discipline, giving it shape and form and representing in broader academic world. Sokołowska's role and achievements are documented in commemorative monographic publications (Piątkowski 2004b; 2010; Ostrowska 2009b).

Two characteristic features of the Polish medical sociology appear to be significant. Firstly, its institutional character is notable, not only in the framework of academic sociology⁵ but also in the framework of academic institutions connected to health care and medicine. Secondly, pro-Western orientation has long been typical of the Polish medical sociology. Let us start by discussing the first of these features. Although the community of medical sociologists in Poland formed at institutions that were not related to healthcare, the initial studies were conducted within the area of *sociology in medicine* and concerned the rehabilitation of people with disabilities (Ostrowska, Skrzypek 2015: 24). It was only the reorganisation at the Institute of Philosophy and Sociology of the Polish Academy of Sciences in the late 1960s that resulted in including medical sociologists in a broader research team dealing with issues of the class-layer structure of Polish society, which undoubtedly enhanced the process of referring to general sociology by Polish medical sociology (Ostrowska, Skrzypek 2015: 27–28). In this context, one should also mention the unique activity and traditions of medical sociologists in Lublin, primarily associated with Marie Curie-Skłodowska University.

On the other hand, it should be remembered that the scientific activity of medical sociologists employed in healthcare-related academic institutions developed in parallel. Let us mention here the figures and achievements of Zofia Kawczyńska-Butrym (whose scientific career was established at the Medical Academy in Lublin), Marek Latoszek (associated with the Medical Academy of Gdańsk for over 40 years, and later – with the Medical University of Gdańsk), Helena Csorba (working at the Center of Medical Education in Warsaw since 1967), or Andrzej Gniazdowski (working since the 1980s at the Institute of Occupational Medicine in Lodz and conducting studies on health promotion). We cannot overlook the strong and active team of Janusz Indulski, a doctor from the Medical Academy in Lodz, which was already dealing with social medicine in the 1970s (and striving to make the medical sociology part of it) (Kosiński 2010: 172–173). In the mid-

⁵ It is important not to forget the long tradition of organizing socio-medical thematic groups at national sociological congresses in Poland. The first such group was included in the program of the 5-th Polish Sociological Congress in Kraków in 1977. About 40 scientists participated in the group's discussions, led by Magdalena Sokołowska and Stanisław Kosiński (Kosiński 2010: 182–185).

seventies, the sociology in medicine crystallized in medical universities into an independent didactic discipline (Latoszek 1998: 351)⁶.

Another important feature characterising the development of Polish medical sociology was its pro-Western orientation. In her classic textbook *Socjologia medycyny* [*Sociology of Medicine*] Sokołowska (1986: 93 et seq.) gives a brief but substantive overview of Talcott Parsons' most important theses concerning the physician-patient relationship, complementing it with the model of Marc Hollender and Thomas Szasz and with criticism from Eliot Freidson. Similarly, in the chapter on dying and death, Sokołowska characterizes the concept of the stages of dying, popular in the USA in the 1970s, proposed by Elizabeth Kübler-Ross (Sokołowska 1986: 125–126). Sokołowska also discusses the problem of the excessive medicalisation of society and the process of de-medicalisation, observed in Western countries, especially in the USA (Sokołowska 1986: 224–227). Stanisław Kosiński (2010: 171) states, not without exaggeration, that Sokołowska westernized Polish sociology, especially the medical sociology that she created. In this context, it is worth mentioning the International Conference on the Sociology of Medicine organized by the Institute of Philosophy and Sociology of the Polish Academy of Sciences in 1973 in Jabłonna, with researchers from the USA and Western and Eastern Europe among the invited speakers. The first session was chaired by Jan Szczepański.

The political transformation in Poland, which started in 1989, has also brought changes for universities in the field of research and didactics (Sowa 2009: 89 et seq.). These transformations significantly affected the functioning of the medical sociology. In Poland during the 1990s, the division into the *sociology of medicine* (activities carried out at universities) and the *sociology in medicine* (research and teaching at medical academies) continued to exist. Marek Latoszek (1998: 351–352) emphasised the dominance of the first mentioned kind of medical sociology. Sociology courses conducted for students of medical academies were being improved within the framework of proprietary programs (departure from the ministerial curricula), while in the area of research and analysis a new phenomenon could be noted in the form of a wider interest of medical sociologists in health issues (in addition to previous studies on the healthcare system, being ill or in the situation of disability, etc.). This process was reflected in the change of the name of the Polish Sociological Association's specialist section from the original: "Section of the Sociology of Medicine" to the following: "The Sociology of Health and Medicine Section"⁷.

⁶ As calculated by Marek Latoszek (2005: 56–57), in 2001 in five out of 11 medical academies of the time there were units (departments or laboratories) "with sociology in title". In other academies, the sociology-of-medicine-related units (departments, chairs) existed and their employees conducted student courses in the subject of medical sociology.

⁷ Latoszek even indicates a threat of marginalization of illness as a subject of research, expertise and theoretical reflection (1998: 352).

Sport sociology in Poland

The founding fathers of the Polish sport sociology were Zbigniew Krawczyk and Andrzej Wohl, who developed the most important textbooks in this field. Both were associated with the University of Physical Education in Warsaw since the 1950s. According to the official biography on the university's website, Krawczyk headed the Department of Philosophy and Sociology (later the Department of Sociology), the Chair of Social Sciences and the Institute of Humanities. During the years 1990–1996 he was the rector of the University of Physical Education. He was also a member and chairman of the Committee on Physical Culture Sciences of the Polish Academy of Sciences (Kosiewicz 2006). Krawczyk and Wohl were awarded the honorary membership of ISSA (Wohl was the first president of ISSA, performing this function in the years 1964–1978; for 18 years he also worked as editor-in-chief of “International Review for the Sociology of Sport”) (Kosiewicz 2008: 17).

Wohl and Krawczyk established – with Barbara Krawczyk among others – the first institutionalised team of sport sociologists in Poland, the aforementioned Department of Philosophy and Sociology at the University of Physical Education in Warsaw. For some time it was the only academic unit of this type in Poland. It was not until the 1970s that smaller or larger research teams composed of sport sociologists were established in the remaining five universities of physical education in the country (Krawczyk, Krawczyk 1998: 450). In 1979, an international “Sport and Culture” conference was organized on behalf of ISSA in Warsaw.

Two specific features can be identified in the history of the Polish sport sociology, completely different than in the case of the medical sociology. The first is the ideologisation of the sub-discipline; while the second is its disconnection from the general sociological environment and community. Let us start with the first of these features. Mainly due to the Marxist-oriented Wohl, Polish sport sociology, until the period of political transformation after 1989, was generally subordinated to the official state doctrine (Lenartowicz, Dziubiński 2019). Wohl's studies largely focused on the issue of sport in a socialist society (reflections on class sport, works on sports in large industrial plants, etc.). Sport, physical activity and sports achievements were seen as a kind of argument in the rivalry between communist and capitalist blocs (Lenartowicz, Dziubiński 2019). It can be argued that the political transformation in Poland has not completely emancipated the sport sociology from ideological commitments. However, their context changed. Hence the studies devoted to the status of physical activity in the teaching of Pope John Paul II or analyses focused on “The Roman Catholic Church and sport” has been developed.

Over the decades, another important feature of the Polish sport sociology was its separation from the general sociological community in the country. The sport sociology only actually developed at universities of physical education

(Lenartowicz, Dziubiński 2019). Until 2016, there was no specialist section at the Polish Sociological Association dedicated to sport studies, or more broadly: physical culture⁸. Instead, the Polish Society for the Social Sciences of Sport was established in 2009. If we were to refer to Straus' dichotomy and apply it *per analogiam* to the sport sociology, it can be said that from the 1960s *sociology in sport* developed in Poland, not *sociology of sport*. This, of course, had its (institutional) origins as well as some positive consequences. However, the studies carried out were often detached from the canon of sociological theory and sociological methodology, and had little significance from the point of view of generating comprehensive knowledge about society. If we combine this with the theses about the ideologisation of sport sociology in Poland, it vividly resembles the historical findings of Loy, Kenyon and McPherson mentioned above, in terms of problems with the development of sport sociology in an international perspective. One may say that in the case of Poland these problems were characterised by relatively high persistence.

Only for about a decade can we speak of the development of the actual sport sociology, which has to be associated with the activity of the younger generation of researchers who often have university affiliation. Analyses show that since 2009 texts in the field of sport sociology (previously practically unheard of) have become noticeable in the leading Polish sociological periodicals (Stempień 2018). As a whole, however, they are not free from certain weaknesses: works on football and fans of this discipline dominate⁹; original texts (based on the author's own research results) are quite rare and rely on a narrow range of research techniques (mainly qualitative). There is a complete lack of reviews of numerous books published in the field of sport sociology (Stempień 2018).

4. Conclusions

The medical sociology and the sport sociology have a lot in common in the international perspective (cooperation with sciences outside the humanities, sharing the object of interest and focusing on a variety of dysfunctions, an applicative character). Similarities in the national context are not difficult to identify either: both these sub-disciplines began to develop in Poland at a similar time, i.e. in the 1960s. Both the medical sociology and the sport sociology had their charismatic precursors in Poland, which were also well-known abroad. These figures contributed to the development of the two sub-disciplines in their country-specific character and their institutional establishment, wrote the first academic textbooks,

⁸ Jarosław Kiliński (2016) reminds us that noting Wohl's international organizational achievements in the 1960s, Jan Szczepański wanted to include him in the work of the Polish Sociological Association, which however did not succeed.

⁹ Hence the Polish sport sociology is sarcastically called the sociology of football.

educated students and followers. Nevertheless, the relatively high attractiveness of medicine (as well as the topics of health and illness) in Poland as a subject of sociological reflection, as compared to the less popular reflections on sport, physical education and physical recreation, needs to be explicated. These disproportions can be explained by universal and national determinants.

First, in the 20th century medicine was an attractive field for testing and applying numerous canonical sociological theories. This seems to be due, at least in part, to its strong institutionalisation and historical inclusion in the social landscape. The interest of the most famous authors may still be a certain incentive to undertake social studies in the field of medicine, health and disease. Medicine is also a particularly prestigious area of professional and scientific activity, which may also increase the attractiveness of conducting sociological studies in this area. On the other hand, sport belongs to the domain of physical culture sciences, which occupy a low position in the hierarchy of academic esteem. For a long time, sport itself was neglected and overlooked by the authors of the sociology classics as a source of examples to illustrate their theoretical considerations. Not without significance here was the fact that sport was seen as a trivial activity; not serious enough and socially insignificant. Today, all this seems to deter rather than encourage sociologists to conduct research and analysis dedicated to sport. Specifically Polish experiences overlap with universal conditions concerning the different levels of attractiveness of the medical sociology and the sport sociology.

First, in Poland the medical sociology developed from the beginning in two directions, i.e. within the sociological environment as *the sociology of medicine*, and at medical academies and other academic centres related to healthcare as *the sociology in medicine*. The sport sociology developed differently: it was formed primarily outside the university walls, mainly at universities of physical education. Research within the sport sociology was practically oriented and admittedly this sub-discipline has in fact become auxiliary to physical culture sciences (*sociology in sport science*), without sociology-oriented work and the application of sociological theoretical tools (*sociology of sport*). Essayistic or strongly ideological studies and papers cannot be regarded as such.

The above considerations lead to the following conclusion. The medical sociology in Poland has a long and well-established tradition. It was developed both in the current of the *sociology of medicine* (a strong presence in the sociological environment) and in the current of the *sociology in medicine*, related to educating students in medical fields. Once again, its pro-Western character needs to be emphasized. All this means that new adepts of sociology, defining their field of interest as socio-medical, can draw on this output, and design their work as a creative continuation of earlier generations' efforts. Their presence in a sociological environment is somewhat natural. All these characteristics are not obvious in the case of the sport sociology, whose traditions of functioning at Polish universities are quite modest, despite the fact that the traditions of Polish sport sociology itself

are quite long and also rich in significant organisational achievements. An important weakness of sport sociology is that for a long time it developed mainly in the form of *sociology in sport*, which can cause its continuing low recognition among all sociologists. The image of the sub-discipline is certainly not improved by either past or recent ideological commitment, indeed they rather support accusations of its non-sociological, unscientific and moralising character (Nosał, Jakubowska 2017: 267), which may discourage researchers from dealing with sport.

Perhaps these differences will lose their importance. Finally, today both sub-disciplines have their representation at the Polish Sociological Association. Both are taught – often in the form of optional courses – at sociological studies. Both also function (not without problems and threat of future problems) at academic institutions dedicated to the non-humanistic sciences with which they are associated. The question remains: What will be the future of the medical sociology and the sport sociology in Poland? How durable will the splitting between the *of* and *in* types be? What impact will the latest legal regulations significantly reorganising the functioning of the world of academia have in this context?

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SOCJOLOGIA MEDYCYNY I SOCJOLOGIA SPORTU W POLSCE – BLIŻNIACZKI NIEPODOBNE

Abstrakt. Artykuł dotyczy socjologii medycyny i socjologii sportu w Polsce. Pomimo pewnych podobieństw (kooperacja z naukami niehumanistycznymi, częściowe dzielenie przedmiotu zainteresowań i liczne dysfunkcje w jego domenie, aplikacyjny charakter prowadzonych badań i analiz, powstanie w podobnym czasie) odnotować można ważną różnicę w zakresie akademickiego funkcjonowania obu subdyscyplin, w tym w zakresie ich atrakcyjności dla kolejnych pokoleń adeptów socjologii. Celem artykułu jest wskazanie przyczyn takiego stanu rzeczy. Omawiane są uwarunkowania globalne (większe zainteresowanie klasyków socjologii rozważaniami dedykowanymi medycynie niż sportowi, deprecjonowanie sportu jako przedmiotu socjologicznych rozważań, a także na różny prestiż dyscyplin z jakimi kooperują omawiane socjologie szczegółowe). W gronie krajowych uwarunkowań relatywnie słabszego akademickiego zakorzenienia socjologii sportu wskazać można to, że – w przeciwieństwie do socjologii medycyny – rozwijała się ona w pewnej izolacji od ogółu środowiska socjologicznego, nie stroniąc przy tym od ideologicznych zaangażowań.

Słowa kluczowe: socjologia medycyny, socjologia sportu, Polskie Towarzystwo Socjologiczne, socjologia polska, subdyscypliny socjologiczne.