The privilege of consciousness: an interview with Sol Levine

Interviewer: Anne Brunner, MD, MPH

About Sol Levine

Sol Levine, PhD, was a well-known researcher in society and health. He endeavoured to examine the building blocks for a social science of health, building on Aaron Antonovsky’s concept of “salutogenesis” as a positive approach.

Trained as a medical sociologist, Levine began his affiliation with the Harvard School of Public Health (HSPH) in 1956 as an associate in social psychology. Over the next decade he was promoted to be associate professor, and directed School’s Social Science Program. In 1990, after numerous other positions, he returned to HSPH and served as interim chair of the department of Health and Social Behavior at Harvard School of Public Health from 1993 to 1995, before he was to assume emeritus status on July 1, 1997.

Sol Levine grew up in New York City, graduated from Queens College before going on to New York University for his PhD in sociology. In 1966, Levine assumed a professorship at Johns Hopkins School of Hygiene and Public Health, where he eventually founded and chaired the Department of Behavioral Sciences and directed the Center for Urban Affairs. In 1972, Levine became a university professor of sociology at Boston University. In 1976, Levine rejoined the HSPH community as visiting lecturer in the Department of Behavioral Sciences. In 1988, he served as Vice President of the Henry J. Kaiser Family Foundation for two years. He returned to HSPH as professor of Health Behavior in the Department of Health and Social Behavior.

Levine’s scholarly accomplishments were numerous. He was one of the first sociologists to conduct research on health and stress, now considered a core area. He was a major innovator in measuring the quality-of-life consequences of medical interventions, which had been previously thought to be too elusive to properly quantify. He showed how quality for life measures could be used in health services research and in clinical trials. His research drew attention to professional and organisational barriers to the provision of health care and to the necessity of humanising health care. Levine was looking at the important effects of community structures and social networks on health and how people sought help for their problems. He became a scholar of the social determinants of health, i.e., how race, class, education, income, and gender all influence health status, emphasising social inequalities as a leading cause of ill health. Lately, Levine was involved in developing a national and international programme in society and health, through which he stressed the need for a multidisciplinary approach incorporating medical sociology and epidemiology in the formulation of health policy.

Levine had been elected to the Institute of Medicine and the National Academy of Sciences, and had received the Leo G. Reeder Award for Distinguished Contributions to Medical Sociology and a Certificate of Appreciation for a Career of Distinguished Service to the Medical Sociology Section. Major foundations as the Kaiser Family Foundation and the
Robert Wood Johnson Foundation sought him to play a leading role in their research programmes. He held numerous consultancies, visiting professorships, grants, and contracts.

Levine died unexpectedly of sudden cardiac arrest on Sunday, November 17, 1996 at the age of 74. Colleagues praised his “seminal teaching and writings” which “framed the essential terms of some of the central debates that will surely continue to animate our work for a very long time”. The dean of academic affairs at HSPH at that time recalled that “Sol’s wisdom, wit, and depth of spirit were an inspiration to us all. He was loved and admired by all of us who had the privilege to work with him.”

To commemorate Levine’s life and work, the Boston faculties he served established the Sol Levine Lectureship on Society and Health, where each year a distinguished scholar will deliver a lecture on a relevant topic in the field. A special section of the journal Social Science and Medicine, celebrated “the life and work of Sol Levine, a central figure in medical sociology” who was “concerned with making the world a better and more just place, and in increasing health all around”. (1999, 48: 709).

History of the interview
The interview originated on 12 April 1995 at Harvard School of Public Health in Boston, when Sol Levine served as interim chair of the Department of Health and Social Behavior at Harvard School of Public Health.

Information about the interviewer
Anne Brunner, MD MPH, studied medicine and specialised in psychotherapy, before her postgraduate study in Public Health at Harvard School of Public Health in 1995. Currently she is teaching at the Catholic University of Eichstätt-Ingolstadt (near Munich, Germany), where she is professor of social medicine and public health at the Faculty of Applied Social Sciences.

“That is a great testimony to the human spirit to transcend physical limitations”

AB: I know you have thought a lot about health and the social determinants of health. If you could give a definition of health, how would you define it?
SL: I would go along with René Dubois a lot who said: What is health? What is it really? It is really the ability to do the things you want to do, and to be the kind of person you want to be. So it is a question of being able to live according to the rhythm you want and to have a sense of buoyancy and a sense of potential capacity to do things and a sense of feeling challenged and having a sense of initia-

tive and interacting with the environment and other people. And I guess the term “sense of well-being” which we use so much now is certainly operative, and of course to some extent these lean on physical states. They also depend upon the social environment in which you live. It is very hard to be healthy in an unhealthy environment. And so you assume some degree of relationship, some degree of constancy and symbiosis between the environment and the individual. So it would be very hard to think of a person being a healthy individual when he is imprisoned and restrained from expressing himself.

Some people like Mandela were able to maintain health because of an inner set of beliefs and ability to transcend self and connect self with a larger idea and with a larger future destiny. So it’s possible to do that, but that requires an unusual psychological strength of a part of a person, and that is a great testimony to the quality of the human spirit to transcend even physical limitations. So Mandela even when he was imprisoned was able to change the environment in which he lived so that the jailers started being nice to him and he could get some things he wanted, like books and so on. But he was able in a sense to relate himself psychologically with the destinies of his people and in that sense was able to be healthy in a very unhealthy immediate environment.

“I think that happiness and health are very much related”

AB: You also thought a lot about happiness. How do you think is happiness related to health? What is human happiness for you? When is a human being happy?
SL: I think that happiness and health are very much related. That the happier a person is the healthier that person is, almost by definition, but also causally. They are both prerequisites for each other and they are both in a sense part of the same thing. I think each human being has a certain style, a certain way of thinking, a certain way of working, a certain way of creating, a certain way of loving. And I think that the ability of that person to pursue his style, a person develops a style over time, to pursue his style, especially in a sense of a healthy style, a style that works for the individual. I think that contributes to happiness. For example, let’s assume that a child has a way of working. If the teacher can find that child’s way of working and make use of it creatively, instead of superimposing a format upon the child, that would be better. That same principle I think operates in life in terms of happiness.

And secondly, I think a very important component of happiness has to be embedded in the nature of social relationships, the nature of the quality of the marriage, the quality of friendships, the quality of your relationship with people.