GEORGIA INSTITUTE OF TECHNOLOGY
SCHOOL OF HISTORY, TECHNOLOGY AND SOCIETY

HTS 8803-A: SOCIOLOGY OF MEDICINE*
Fall Semester, 2011
Thursday 3:05-5:55pm
Room: TBD

Instructor: Jennifer S. Singh, PhD, MPH

Office: Old Engineering Building, Room G22

Office Hours: By appointment

Phone: 404 – 894 – 7445

Email: Please contact me using T-Square or Jennifer.singh@hts.gatech.edu

COURSE DESCRIPTION:

This course is doctoral seminar whose principal goal is to introduce students to the sub-discipline of medical sociology. In this semester, we will explore the historical context and intellectual contributions that gave rise to these traditions in medical sociology, and become familiar with many of its central scholars, theories, and works. This seminar also examines crucial sociological issues that arise in phenomena generally termed "illness," "sickness," "health," "healing," "care," and the socio-cultural, material and historical contexts in which these phenomena are constructed or emerge. Along the way we will pose a number of overarching questions, including:

- How do we account for the development of medical sociology, and how did medicine—as a profession, set of practices, economic sector, market, and way of thinking—come to be an object of sociology scrutiny?
- How do we see prevailing theoretical and substantive concerns in the larger discipline of sociology reflected and refracted in medical sociology?
- How do sociologists account for the structure of the medical professions and the health care system in the U.S. and its changes over time?
- What are some of the theoretical directions within sociology and substantive issues in medicine that foreshadow future concerns for the sociology of medicine and health?
- How are certain issues and "problems" around health and illness conceptualized and defined?
- What theories are useful in understanding our experiences of health and illness, and how the knowledges and systems of healing we bring to bear on these experiences have been shaped?
- How might we integrate theories and empirical work on health and illness as lived and active on the one hand, and as acted upon, inscribed, and constructed by social and cultural discourses on the other?

* This syllabus owes greatly to Dr. Janet Shim

There are three main levels on which we will conduct our exploration of medical sociology:

First, our aim will be to comprehend and appreciate theories on their own terms. We will seek to develop a systematic understanding of how sociologists defined the nature of the "problem" they sought to address within health and medicine, built their arguments, supported and defended them, and accounted for what they observed. Our task here will also be to consider how these works reflect the prevailing social concerns of their time, and to situate sociologists within their historical milieus in order to understand the intellectual contexts within which they constructed their accounts of medicine. We will attend to how these works often speak to two related but distinct registers: the analytic—addressing the question of how to explain the state of medicine and its evolution over time; and the prescriptive—addressing the question of how medicine as a social institution should be structured.

Second, this course will emphasize critique and comparison across texts and theorists. How do different medical sociologists reflect upon the work of their contemporaries, and the kinds of social thought that preceded them? How are they in dialogue with each other, with other social theorists, and with the discipline of sociology at large? How do they or would they respond to each other's claims? What are their relative strengths and weaknesses, points of emphasis, and foci?

Third, we will seek to get a flavor for the appropriation and application of medical sociological theories. The basic purpose of any kind of theory is to be a tool to think with. Thus we want to test empirically the continued relevance or explanatory power of various theoretical models and accounts. How well do the theories and concepts that were developed in the mid-1950s and 60s, for example, explain norms regarding health and our societal responses to illness in the 80s and 90s? How can we critically apply and adapt their theories to analyze social phenomena within health and medicine, many of which have experienced dramatic change over the past half-century and more? How does such an exercise underscore what the respective strengths and weaknesses of various theoretical perspectives are? What modifications are required?

The strategic choice was made to focus on readings from the "canon" of medical sociology and on theories that help us to make sense of medicine and health care, at the occasional expense of examining attempts to apply those theories more recently and/or to specific health issues. However, throughout the course, you should continue to think about the readings within the context of the particular issue or part of the health-illness world in which you're interested: To what extent do those theoretical perspectives give you better understanding? In what ways are they limited? And how might the claims of medical sociologists writing in the 20th century be useful and relevant in our 21st-century studies of health and medicine? Our discussions would benefit from your raising these kinds of thoughts and questions in class.

REQUIRED TEXTS:

There are two required books for this course, which are available at the Engineering Bookstore.

Starr, Paul. 1982. The Social Transformation of American Medicine. New York: Basic Books. Paperback. ISBN-10: 0465079350 or ISBN-13: 978-0465079353

Conrad, Peter. 2009. The Sociology of Health and Illness: Critical Perspectives 8th Edition. New York: Worth Publishers. Paperback. ISBN -10: 1-4292-0558-X or ISBN-13: 978-1-4292-0558-0.
Note: Most of these articles can be found on-line through JSTOR or other databases but if you prefer to have an indexed book for future reference, this is a great resource.

All other readings can be found on T- Square for this course.

COURSE REQUIREMENTS:

1. **Participation and Discussion Questions (5% of final grade):** This course is designed as a doctoral seminar in which participation from all students is necessary if everyone is to profit. Therefore, a portion of the final grade will be based on the quality and appropriately relative frequency of participation, which, it is assumed, will be based on careful reading of all assigned materials. Students are expected to attend every class, except in the case of documented personal illness, family/personal emergency, or observance of a religious holiday.

   Discussion questions for each session are provided below, and will be used as the basis for our in-class exchange. Not all discussion questions are relevant for each reading, but the objective is to use them to critically compare and contrast the authors' perspectives against each other, to note similarities and differences, and to understand where those come from. Please read and prepare for class with this in mind. You are also required to offer additional questions for class discussion in the critical reviews.

2. **Critical Reviews (one each week) (25% of final grade):** All students in the course will share responsibility for preparing critical reviews for each of the required readings, which are intended to help you help each other grasp the ideas and implications of the readings. Each student is required to complete one critical review each week. They are due on T-Square at 5PM the day before class.

   Components of these reviews must include: (a) a summary of the theoretical position of the author and her/his core points and arguments; (b) brief reflections on its relationship to the other material assigned for that session, and how it relates to readings encountered earlier in the course (e.g., theoretically consonant—if so, how; in disagreement—if so, how; elaboration of another's argument; etc.); (c) answers, based on the reading, to all those discussion questions for that session that are applicable to that reading; and (d) two thoughtful questions that you would like to address to the class based on the review. Depending upon the length of the reading, reviews should be 1-2 pages. See template at end of the syllabus for the critical reviews.

   By having prepared a response to the material in advance and sharing your evaluations with the rest of the class, it is my hope that you will be better prepared to engage in productive class discussions and that you will gain more from each other's analyses than you would otherwise. I will be looking

for clear intellectual engagement with the materials, coherent examination of the topic, and thoughtful, relevant discussion questions.

At the first class of the semester, each of you will sign up for the readings you will review.

3. **Co-facilitation of class (2 x 10% of total grade):** For most weeks, we will have a designated co-facilitator of class discussion. I will pass around a sign-up sheet on the first day of class, and you should each sign up for <u>TWO</u> class sessions. In general, co-facilitators are responsible for preparing and answering discussion questions prior to class and working with me to lead discussion during class. Prior to class, co-facilitators will briefly meet with me to discuss a plan for that week's class (this can be done in person, over the phone, or via email). During class, the co-facilitator is responsible for working with me to identify and sustain discussion topics, as well as to distill themes from seminar participants' response papers. Students who serve as co-facilitators for particular class meetings should be prepared to describe their motivation for the discussion questions they developed and the themes they see as central in that week's readings.

My goal in having you co-facilitate class is to improve your familiarity with diverse theoretical perspectives and to enhance your ability to identify themes in this literature. Grades for this activity will be based on the insightfulness and creativity of the discussion question and the organization of the class discussion.

4. **Current events paper and presentation (10% of total grade).** Throughout the course, each student is required to find a article, either in print or online (using LexisNexis or the paper's online archive), from a reputable newspaper or news magazine (e.g., New York Times, Boston Globe, Time, Newsweek, etc.) that addresses an issue related to medicine, health and illness that you want to discuss in relation to the weekly themes of the course. Facilitation will require that you to post the article on T-Square by WEDNESDAY (at noon the day before class). Everyone is required to print, read, and bring the articles to class on Thursday. Presenters will be required to describe (not read) the article and [a] explain how it connects to the topic of the week and [b] explain how it could be re-conceptualized through a sociological lens based on the questions below. A sign-up sheet will be distributed at the first class.

The purpose of this assignment is to engage the theoretical writings in the context of contemporary issues facing medicine and health. In other words, to what extent do those theoretical perspectives give you better understanding? In what ways are they limited? And how might the claims of medical sociologists writing in the 20th century be useful and relevant in our 21st-century studies of health and medicine? The article you choose should allow you to answer these questions as well as the ones below that are applicable.
- Briefly identify and describe the condition, illness, or health problem you have chosen. If there are population groups most affected by this illness, physical condition or health status, please describe this group (or groups).
- If applicable, what are the biological factors that are important to understanding this condition or health status?
- What are the social factors or social processes that are important to understanding this condition of health status?
- How, if at all, do people with this condition (and their families) interact with the health care system? Are other social institutions important to the discussion health and illness in the article?

Use at least three relevant class readings to support your analysis. Provide proper citations for these readings. This paper should be 5 pages, double-spaced, and please attach the news article to your essay. The papers are due the day you sign up and present to the class. These papers can also serve as a springboard into your final paper.

5. **Final Paper (40% of total grade):** Length of 13-15 pages, excluding title page, references, and the like. This paper should focus on a theoretical problem or topic within the course, or a topic of interest to you that can be addressed by appropriating in some fashion the arguments of the theorists in the course. Your approach should be comparative, taking up at least two different theoretical perspectives and considering how each handles the question or problem that is being posed and addressed in your paper. More likely than not, your paper will need to draw on literature beyond what is included in the syllabus; in doing so, the intent should be to critically assess that literature, engage it at a theoretical level, and develop and articulate your own theoretical positions and arguments.

Around week 6 or so, I will circulate sign-up sheets to schedule appointments to discuss your paper topics; these appointments are voluntary but recommended.

About your sources: Depending on your paper's topic or question, you may or may not need to draw on additional works beyond what is included in the syllabus by the theorists you've selected to cover in your paper. However, please refrain from using secondary sources; the object of this assignment is to develop your own critical reading, interpretations, and insights into the literature, rather than reviewing those of others. Finally, if you choose an "application" type of paper, then you may need to judiciously include some outside sources related to the topic or question which you want to illuminate through appropriating theories, but please be aware that this does not need to be an "empirical" paper nor an exhaustive analysis of some topic. Please follow the ASA Style Guide when formatting citations for all sources (including course literature).

GRADING POLICY

Assignment:	Percent	Calculate your grade
Class participation	5%	(your grade)(0.05) = a
Co-Facilitation (2 x 10%)	20%	(your grade)(0.15) = b
Current Events Paper	10%	(your grade)(0.10) = c
Critical reviews	25%	(your grade)(0.25) = d
Final paper	40%	(your grade)(0.45) = e
Total	**100 %**	**a+b+c+d+e = your grade**

Course grade: 90-100=A   80-89=B   70-79=C   60-69=D   Lower than 60=F

POLICIES FOR WRITTEN WORK

All written papers are to be typed, double-spaced, using 12-pt. Times New Roman font, with one-inch margins, and must include page numbers, proper use of citations, and bibliographies. Please use ASA citation style: See: http://www.asanet.org/students/index.cfm for a link to ASA Quick Style Guide. I will deduct points for incorrect citation style.

I only accept hard copies papers at the beginning of class on the specified due dates. No electronic papers will be accepted.

Late assignments: Late assignments will be penalized one-third of a letter grade for each day they are late, as follows: grades for papers submitted up to 24 hrs late will be reduced by one-third (e.g., from A-to B+); 24-48 hrs late, by two-thirds of a grade (e.g., from A-to B); 48-72 hrs late, by a full grade; and so on.
If you have a personal or family emergency and are unable to complete an assignment, you must speak with me as soon as possible so we can discuss how and when you will complete the assignment. **Do not assume that you may hand in all of your assignments at the end of the course, or that you will be granted an extension.**

Research/Writing Resources at Georgia Tech:

http://libguides.gatech.edu/research: This guide will help you learn how to conduct research, how to write well, and how to avoid plagiarism by citing your sources.

Some noteworthy medical sociology journals

1. Journal of Health and Social Behavior
2. Social Science and Medicine
3. Sociology of Health and Illness
4. Health
5. Journal of Health Politics, Policy and Law
6. Qualitative Health Research
7. Journal of Public Health Policy
8. Women and Health
9. Medical Anthropology Quarterly
10. Medical Sociology News
11. Journal of Women and Aging
12. Medical Sociology
13. Health Affairs
14. Family and Community Health
15. The Milbank Quarterly
16. Disabilities Studies Quarterly

CLASSROOM CONDUCT

· Since our class is debate-oriented, I expect you to respect and listen to everybody's opinions and perspectives. I value and respect your contributions. Please do the same for others in the class. Our class is a space free of sexist, racist or other offensive comments.
· Please **silence** cell phones, and **turn off** iPods, or other electronics during class.
· Late arrivals & early departures disrupt not only me, but also other students; therefore, if you know you will be late or need to leave early—please talk to m*e before* class (or email me).
· Regular attendance of the course is expected. Students are expected to attend every class, except in the case of documented personal illness, family/personal emergency, or observance of a religious holiday.

ACADEMIC HONOR CODE

All students are required to abide by the Georgia Tech Academic Honor Code. Based on the [Graduate Addendum to the Academic Honor Code](): Scholarly misconduct refers to misconduct that occurs in research and scholarly activities outside of the classroom. The following definitions are taken from the Institute Policy on Scholarly Misconduct:

* "Misconduct" or "scholarly misconduct" is the fabrication of data, plagiarism, or other practice that seriously deviates form those that are commonly accepted within the academic or research community for proposing, conducting, or reporting research or scholarly activity. It does not include honest error or honest differences in interpretation or judgments of data.
* "Plagiarism" is the act of appropriating the literary composition of another, or parts of passages of his or her writings, or language or ideas of the same, and passing them off as the product of one's own mind. It involves the deliberate use of any outside source without proper acknowledgment. Plagiarism is scholarly misconduct whether it occurs in any work, published or unpublished, or in any application for funding.

All graduate Students are encouraged to become familiar with this policy, which is available from the Office of the Dean of Students.

ACCOMODATIONS

Students with disabilities needing reasonable accommodations are encouraged to contact the instructor. The Office of the Dean of Students, ADAPTS Disability Services Program is available to assist us with the reasonable accommodations process. More information at: http://www.adapts.gatech.edu/index.php.

ADDITIONAL BOOKS (By no means a complete list)

Bird, Chloe E.; Conrad, Peter; and, Fremont, Allen M. (2000). *Handbook of Medical Sociology* (5th ed.). Upper Saddle River, NJ: Prentice Hall.

Bloom, Samuel William (2002). *The Word as Scalpel: A History of Medical Sociology*. New York, NY: Oxford University Press.

Brown, Phil (2008). *Perspectives in Medical Sociology* (4th ed.). Long Grove, IL: Waveland Press.

Charmaz, Kathy. (1991). *Good Days, Bad Days: The Self in Chronic Illness and Time*. New Brunswick, NJ: Rutgers University Press.

Cockerham, William C. (2001). *The Blackwell Companion to Medical Sociology*. Oxford, UK; Malden, MA: Blackwell.

Cockerham, William C.; Ritchey, Ferris Joseph (1997). *Dictionary of Medical Sociology*. Westport, CN: Greenwood Press.

Conrad, Peter (2007). *The Medicalization of Society: On the Transformation of Human Conditions into*

Treatable Disorders. Baltimore, MD: Johns Hopkins University Press.

Helman, Cecil (2007). *Culture, Health, and Illness* (5th ed.). London, England: Hodder Arnold.

Law, Jacky (2006). *Big Pharma: Exposing the Global Healthcare Agenda*. New York, NY: Carroll & Graf.

Levy, Judith A.; Pescosolido, Bernice A. (2002). *Social Networks and Health* (1st ed.). Amsterdam, The Netherlands; Boston, MA: JAI.

Mechanic, David (1994). *Inescapable Decisions: The Imperatives of Health Reform*. New Brunswick, NJ: Transaction Publishers.

Rogers, Anne; Pilgrim, David (2005). *A Sociology of Mental Health and Illness* (3rd ed.). Maidenhead, England: Open University Press.

Scambler, Graham; Higgs, Paul (1998). *Modernity, Medicine, and Health: Medical Sociology Towards 2000*. London and New York: Routledge.

Turner, Bryan M. (2004). *The New Medical Sociology: Social Forms of Health and Illness*. New York, NY: W.W. Norton.

Waitzkin, Howard (2011). *Medicine and Public Health at the End of Empire.* Boulder, Paradigm Publishers.

WEB RESOURCES

Somatosphere, Science, Medicine and Anthropology: A collaborative weblog covering the intersections of medical anthropology, science and technology studies, cultural psychiatry and bioethics. http://www.somatosphere.net/2010/12/50-years-of-medical-sociology.html

Sociology of Health and Illness: Podcasts Key Thinkers and Debates: http://www.blackwellpublishing.com/shil_enhanced/podcasts.asp#podcast2

This guide highlights health data available at the state, federal and international level in several areas of health care and health administration. Primary sources are the Federal Government and international agencies: http://resources.library.lemoyne.edu/content.php?pid=88173&sid=1521742

Socio-Web: The SocioWeb is an independent guide to the sociological resources available on the Internet and is founded in the belief that the Internet can help to unite the sociological community in powerful ways. http://www.socioweb.com/

Sociological Images: Sociological Images encourages people to exercise and develop their sociological imaginations with discussions of compelling visuals that span the breadth of sociological inquiry. http://thesocietypages.org/socimages/

Professional Organizations

      American Sociological Association

      Southern Sociological Association

      Society for Social Studies of Science

Sociological Data/Research Sites

      U.S. Bureau of the Census

      PEW Research Center

      Electronic Journal of Sociology

      Sociological Review Online

Search Tools and Archives

      WWW Virtual Library: Sociology

      Metacrawler

      ASA Student Style Website

COURSE SCHEDULE

WEEK 1. **August 25, 2011. Introduction and Roots**

Discussion Questions:

1. What is theory? What is sociological theory?
2. How did medicine, illness, and then health more broadly come to be objects of sociological investigation?
3. What is distinctive about approaching medicine and health as social phenomena? What kinds of questions does such an approach make us ask about how modern health care, the experience of illness, and the role of health professionals, medical institutions, and ideas about health in social affairs came to be?

Readings:

<u>Introduction to Medical Sociology</u>

Cockerham, W. C. and Scambler, G. (2010). Medical sociology and sociological theory. In William C. Cockerham (Ed.), *The New Blackwell Companion to Medical Sociology* (pp. 3-26). West Sussex: Blackwell Publishing Ltd.

Armstrong, D. (2000). Social Theorizing about health and illness (Ch. 1.2). In G.L. Albrecht, R. Fitzpatrick, and S.C. Scrimshaw (Eds.), *Handbook of Social Studies in Health & Medicine* (pp. 24-35)*.* Thousand Oaks, CA: Sage.

Mechanic, David. (1993). Social research in health and the American sociopolitical context: The changing fortunes of medical sociology. *Social Science and Medicine 36*(2), 95-102.

Bloom, S.W. (2000). The institutionalization of medical sociology in the U.S.: 1920-1980 (Ch.2) In C.E. Bird, P. Conrad, and A.M. Fremont (Eds.), *Handbook of Medical Sociology 5th Edition* (pp. 11-31). Saddle River: Prentice Hall.

Pescosolido, Bernice and Jennie J. Kronenfeld. (1995). Health, illness, and healing in an uncertain era: Challenges from and for medical sociology. *Journal of Health and Social Behavior, 35*(Extra Issue), 5-33.

WEEK 2. September 1, 2011. Introduction to the U.S. Healthcare System

Discussion Questions:
1. In what ways do sociologists conceptualize social institutions (i.e. Healthcare system) as socially constructed?
2. How do the different sociological perspectives (Functionalism and Conflict theory) differ in their analytical perspective towards healthcare delivery systems? How is the State viewed in each of these perspectives?
3. What major factors influence health care costs structures in the U.S.?
4. What institutions, ideologies, and organizations have influenced the organization of the US health care system?
5. How do existing institutional structures influence the health care reform debate? Whose interests might be furthered by health care reform legislation? Whose might be lessoned?

Budrys, G. (2001). Introduction to Health Care System as a Social Institution (Ch. 1) and Two Sociological Perspectives of the Health Care System (Ch. 2). In *Our Unsystematic Health Care System* (pp. 1-10 and 11-22). New York, NY: Rowman & Littlefield.

Pescosolido, B. and Carol A. Boyer. (2010). The American Health Care System. In William C. Cockerham (Ed.) *The New Blackwell Companion to Medical Sociology* (pp. 391-411). West Sussex: Blackwell Publishing Ltd.

Light, D. (2004). Ironies of Success: A New History of the American Health Care "System". *Journal of Health and Social Behavior, 45*(Extra Issue), 1-24.

*Boenheimer, T. and Grumbach, K. (2009). Paying for Health Care. In Peter Conrad (Ed.), *The Sociology of Health and Illness: Critical Perspectives 8th Edition* (pp. 321-329). New York: Worth Publishers. *Also in Conrad (2009), pp. 321-328.

*Quadagno, J. (2004). Why the United States has no national health insurance: Stakeholder mobilization against the welfare state, 1945-1996. *Journal of Health and Social Behavior*, *45*(Sp. Iss. SI), 25-44. *Also in Conrad (2009), pp. 301-320. *In Conrad (2009), p. 301-320.

Quadagno, J. (2010), Institutions, Interest Groups, and Ideology: An Agenda for the Sociology of Health Care Reform. *Journal of Health and Social Behavior, 51*(2), 125-136.

Light, D. (2011) Historical and comparative reflections on the US national health insurance reforms. *Social Science & Medicine*, *72*(2), 129-132.

WEEK 3. September 8, 2011. Classical Perspectives: Talcott Parsons and the Sick Role

Discussion Questions:

1. How is Parsons a product of his historical and intellectual time? In what ways does his work reflect the prevailing concerns in sociology at that moment?
2. What are the theoretical bases of structural functionalism?
3. How did Parsons accomplish the task of rendering medicine and sickness legitimate objects of sociological scrutiny? What theoretical arguments and claims did he make in order to do so?
4. What are the claims of the concept of the sick role?
5. In what ways does the sick role illuminate how medicine in particular, and society more generally, work?
6. What theoretical contributions did Parsons make to sociology in general, and to medical sociology in particular?
7. In what ways are Parsons' concerns with values, social order, and societal functioning still relevant today? What can we take from his scholarship into contemporary medical sociology?

Readings:

Ritzer, George. 1996. Modern Sociological Theory, 4th ed. Pp. 95-111.

Parsons, Talcott. 1964. The Social System. New York: The Free Press, p. 428-479.

Parsons, Talcott. 1975. The Sick Role and Role of the Physician Reconsidered. *MMFQ Health & Society* 53(3): 257-278.

Parsons, Talcott. 1979. Definitions of health and illness in the light of American values and social structure. Pp. 120-144 in Patients, Physicians, and Illness: A Sourcebook in Behavioral Science and Health, edited by E. Gartley Jaco. New York: The Free Press.

Williams, Simon J. 2005. Parsons revisited: from the sick role to …? *Health:* 9(2): 123-144.

Recommended:

Mechanic, D. & Volkhart, E.H. 1961. Stress, illness, behavior, and the sick role. *American Sociological Review*, *26*(1), 51-58.
Gallagher, E.B. 1976. Lines of reconstruction and extension in the Parsonian sociology of illness. *Social Science and Medicine, 10,* 207-218.
Garhardt, U. 1979. The Parsonian paradigm and the identity of medical sociology. *The Sociological Review, 27*(2), 229 – 250.

WEEK 4. September 15, 2011. Classical Perspectives: Eliot Freidson and Professional Dominance

Discussion Questions:

1. What is the nature of the professional claim? On what grounds does medicine have and exercise authority and wield power?
2. What relationships does Freidson's earlier work draw between professionalism, professional autonomy, and professional status in medicine?
3. In his later years, Freidson wrote about the role of knowledge in medical authority. In what ways did he make these connections? And how is his work in this vein continuous or distinctive from his earlier writings on professional autonomy and control?
4. What is Friedson's position on the social nature of illness? How does it compare to Parsons' theory of the sick role?
5. How does Freidson's attention to the actual content of medical work open up new avenues for sociological inquiry? How do we see the effects of such moves today?
6. Is Freidson's understanding of medical authority—its sources, maintenance, and implications—of a different character than those of Parsons and of Starr? In what ways are they similar or different?

Readings:

Freidson, Eliot. 1970. *The Profession of Medicine: A Study of the Sociology of Applied Knowledge*. New York: Harper & Row. Pp. 71-84 and 205-277.

Freidson, Eliot. 1986. *Professional Powers: A Study of the Institutionalization of Formal Knowledge*. Chicago: University of Chicago Press. Pp. 1-19.

Freidson, Eliot. 1994. *Professionalism Reborn: Theory, Prophecy, and Policy*. Chicago: University of Chicago Press. Pp. 61-74.

*Starr, Paul. 1982. *The Social Transformation of American Medicine*. New York: Basic Books. Pp. 3-29.

Readings to be considered:
Freidson, E. 1970. Political organization and professional autonomy (Ch. 2). In *The Profession of Medicine: A Study of the Sociology of Applied Knowledge*. New York: Harper & Row, p.23-46.
Freidson, E. 1994. The centrality of professionalism to health care (Ch. 11). In *Professionalism Reborn: Theory, Prophecy, and Policy*. Chicago, IL: The University of Chicago Press, p. 184 – 198.
Freidson, E. 2001. Professional knowledge and skill (Ch. 1), Divisions of labor? (Ch. 2), The assault on professionalism (Ch.8), and The soul of professionalism (Ch. 9). In *Professionalism: The Third Logic*. Chicago, IL: The University of Chicago Press, p. 17-35, 36-60?, 179-196, 196-222.
Halpern, Sydney and Renee R. Anspach. 1993. The study of medical institutions: Eliot Freidson's legacy. *Work and Occupations* 20(3): 279-295.

WEEK 5. September 22, 2011. Perspectives on the Rise of Modern Medicine

Discussion Questions:

1. What is politics about, at the most basic level? What is "political economy"? What assumptions are embedded in that very phrase, in putting and considering politics and economy together?
2. For the most part, medical sociologists tend to agree that medicine and physicians accumulated great prestige and professional control through the mid-20th century. How do they variously explain the rise of modern medicine? What social processes do they claim underlie this overall trend?

Readings: TBD, but tentative list below:

Alford, Robert and Roger Friedland. 1985. *Powers of Theory: Capitalism, the State, and Democracy*. NY: Cambridge University Press. Pp. 1-14.

*Starr, Paul. 1982. *The Social Transformation of American Medicine*. New York: Basic Books. Pp. 198-199 and 215-232.

Navarro, Vicente. 1984. Medical history as justification rather than explanation: A critique of Starr's The Social Transformation of Medicine. *International Journal of Health Services 14*(4), 511-28.

Waitzkin, Howard. 1989. Social structures of medical oppression: A Marxist view. Pp. 166-178 in *Perspectives in Medical Sociology*, 1st ed., edited by P. Brown. Belmont, CA: Waveland Press.

Pescosolido, Bernice A. and Jack K. Martin. 2004. Cultural authority and the sovereignty of American medicine: The role of networks, class, and community. *Journal of Health Politics, Policy & Law* 29(4/5): 735-56.

Readings to be considered:
Alford, R. (1972). The political economy of health care: dynamics without change. *Politics and Society, 2*(2), 127-164.
Brown, E.R. (1979). Epilogue: A Half-Century of Medicine in Corporate Capitalist Society. *Rockefeller Medicine Men: Medicine and Capitalism in America.* Berkeley: University of California Press, 193-215.
Lebow, B. 2002. Myths, Misinformation, and the Pursuit of Profit (Ch.1). In his *Health Care Meltdown: Confronting the Myths and Fixing our Failing System.* Boise, ID: JRI Press, p. 13-46.
Lebow, B. 2002. Blaming the Victim: A Bad Rap for Medicare (Ch.9). In his *Health Care Meltdown: Confronting the Myths and Fixing our Failing System.* Boise, ID: JRI Press, p. 136-141.

WEEK 6. September 29, 2011. The Changing Political Economy of Health Care

Discussion Questions:

1. How can we bring in the modern state into our understanding of medicine and health care? To what degree, in what ways, and how does it and its interests exert influence? How does this square with scholars we've read previously who argue that medicine is more of an autonomous, professional domain?
2. How do different authors characterize the changing social organization of medical institutions and health care over the past several decades? What do their various characterizations—privatization, rationalization, corporatization, deprofessionalization are just some examples—indicate about the theoretical and political lenses through which they view health care?
3. Can one theory or explanation account for both the rise as well as the purported fall of the status of modern medicine?
4. Is there a crisis in health care? What is the nature of this crisis? How is this an ongoing social construction, why and how is this framing of the situation mobilized, and to what ends?
5. What implications do aspects of the changing political economy of health care have for the social relationships between patients and health professionals? For how health care is provided and organized? For society as a whole?

Readings:

*Starr, Paul. 1982. The Social Transformation of American Medicine. New York: Basic Books. Pp. 379-449.

Navarro, Vicente. 1986. Crisis, Health and Medicine. New York: Tavistock. Pp. 19-65.

*McKinlay, J.B. & Marceau, L.D. 2002. The end of the golden age of doctoring. *International Journal of Health Services, 32*(2), 379-416. *In Conrad (2009), p. 213-238.

Light, D. (2000). The sociological character of health-care markets (Chapter 3.2). In G.L. Albrecht, R. Fitzpatrick and S.C. Scrimshaw (Eds.), *Handbook of Social Studies in Health and Medicine* (pp. 394-408). Thousand Oaks, CA: Sage.

WEEK 7. October 6, 2011. The Reorganization and Deprofessionalization of Health Care: Reconsidering Professional Sovereignty and Autonomy

Discussion Questions:

1. Medical sociologists tend to agree that medicine and physicians have experienced diminishing autonomy since roughly the 1970s. But they often disagree on why that is, how it came about, the degree of actual decline, and its consequences for physicians' social status. What are their various accounts about the nature of the crisis in the medical profession, their diagnoses of its problems, and how do they differ?
2. How do differing perspectives on professional autonomy, professional status, and professional dominance stand up to emerging trends in medicine? To what extent do they accurately describe what has been going on, and where do they fall short?
3. To what degree do you believe that the social prestige and authority of medicine has fallen? What evidence can you, based on the readings, marshal for your answer? In what ways is medicine working to counteract this trend?

Readings: TBD, but tentative list below:

Haug, Marie. 1988. A re-examination of the hypothesis of physician deprofessionalization. *The Milbank Quarterly* 66 (Suppl 2): 48-56.

McKinlay, John B. and John D. Stoeckle. 1988. Corporatization and the social transformation of doctoring. *International Journal of Health Services*. 18(2): 191-205. (in Conrad 2004)

*Light, Donald. 1993. Countervailing power: The changing nature of the medical profession in the United States. Pp. 69-79 in *The Changing Medical Profession: An International Perspective*, edited by F.W. Hafferty and John B. McKinlay. New York: Oxford University Press. *In Conrad (2009), p. 239-248.

Navarro, Vicente. l988. Professional dominance or proletarianization? Neither. *The Milbank Quarterly* 66 (Suppl 2): 57-75.

Hafferty, Fred W. and Donald W. Light. 1995. Professional dynamics and the changing nature of medical work. *Journal of Health and Social Behavior*. 35(Extra Issue): 132-153.

Pescosolido, B.A. Tuch, S.A., and Martin, J.K. (2001). The profession of medicine and the public: Examining Americans' changing confidence in physician authority from the beginning of the 'health care crisis' to the era of health care reform. *Journal of Health and Social Behavior, 42*(1), 1-16.

Readings to be considered:
Timmermans, S. and Hyeyoun Oh. 2010. The continued social transformation of the medical profession. *Journal of Health and Social Behavior*. 51(S): S94-S106.
Freidson, Eliot. 1994. Professionalism Reborn: Theory, Prophecy, and Policy. Chicago: University of Chicago Press. Pp. 128-146.

*Conrad, P. and Schneider, J.W. (2009). Professionalization, Monopoly, and the Structure of Medical Practice. In Conrad, P. (Ed.), *The Sociology of Health and Illness: Critical Perspectives 8th Edition*. New York: Worth Publishers. ***In Conrad (2009), p.194-199.**

Donald Light and Sol Levine (1988). The Changing Character of the Medical Profession: A Theoretical Overview. *The Milbank Quarterly*, Vol. 66, Supplement 2, pp. 10-32.

WEEK 8. October 13, 2011. Inequality and Health

Discussion Questions:

1. What are some of the contours of health inequalities in America? What are some of the social characteristics and differences that pattern health inequalities?
2. What theories can help us explain the production of social inequalities in health? What are the assumptions and views of the world and of the health care system that underlie those various theories?
3. What is the relationship between inequalities in health and other forms of social inequality? To what degree do views of social difference and inequality in health, health care, and medicine feed back into society?
4. Are there ways in which inequalities in health are distinctive, merit a different kind of theorization than other forms of social inequality, and have unique and/or particularly significant consequences for individuals?
5. How can we move our understanding of health inequalities—its sources, mechanisms, consequences—forward? What is needed? More theories? New concepts? More empirical research?

Readings:

Hurst, C.E. 2004. *Social Inequality* 5th Edition. San Francisco: Allyn and Bacon. Ch. 9: Classical Explanations of Inequality (p. 176-202) and Ch. 10: Modern Explanations of Inequality (p. 203-223).

Robert, Stephanie A. and James S. House. 2000. Socioeconomic inequalities in health: An enduring sociological problem. Pp. 79-97. In *Handbook of Medical Sociology*, 5th ed., edited by C. E. Bird, P. Conrad, and A. M. Fremont. Upper Saddle River NJ: Prentice Hall.

Link, Bruce G. and Jo C. Phelan. 1995. Social conditions as fundamental causes of disease. *Journal of Health and Social Behavior, 35*(Extra Issue): 80-94.

*Wilkinson, R. Health Inequalities: Absolute or relative standards? (2009) (Ch. 9) In P. Conrad (Ed.) *The Sociology of Health and Illness: Critical Perspectives*. 8th Edition. New York, NY: Worth Publishers, p. 102-107.

Williams, David R., Mohammed, Selina A., Leavell, Jacinta, and Chiquita Collins (2010). Race, socioeconomic status, and health: Complexities, ongoing challenges, and research opportunities. *Ann. N.Y. Acad. Sci*. 1186. p. 69–101.

Williams GH. 2003. The determinants of health: structure, context and agency. *Sociology of Health and Illness*. 25 (Sp. Iss. SI): 131-154. (To be considered)

Doyal, Leslie (1995). *What Makes Women Sick: Gender and the Political Economy of Health*. Rutgers University Press: p. 7-14.

Recommended:

Williams, David R. and Chiquita Collins. 1995. "U.S. Socioeconomic and Racial Differences in Health: Patterns and Explanations." *Annual Review of Sociology* 21:349–86.

Annals of NY Acad of Sci Feb 2010. Special issue of MacArthur Network on SES & Health, "Biology of Disadvantage" see:
http://onlinelibrary.wiley.com/doi/10.1111/nyas.2010.1186.issue-1/issuetoc

Collins, C., Estes, C.L., and Bradsher. Inequality and health. In C.L. Estes & Associates *Social Policy and Aging: A Critical Perspective.* Newbury Park: Sage, 2000.

House JS (2002). Understanding social factors and inequalities in health: 20th century progress and 21st century prospects. *Journal of Health and Social Behavior.* 43(2):125-142.

Chloe E. Bird and Patricia P. Rieker (1999). Gender Matters: An Integrated Model for Understanding Men's and Women's Health. *Social Science & Medicine.* 48: 745-755.

WEEK 9. October 20, 2011. Medicalization and Social Control

Discussion Questions:

1. In what ways are understandings of medicine as an institution of social control a product of their time? With whom were such works in conversation with?
2. What are the historical continuities and disjunctures between early work on medicine and social control, and theories of medicalization and biomedicalization?
3. Does the concept of medicalization comprehensively describe all of the ways in which medicine as an institution and its professionals exert social control over the definition, experience, and treatment of illness?
4. What are some of the distinctions between medicalization and biomedicalization? How are these substantively and theoretically important?
5. Where might we look today to see examples of (bio)medicalization in practice? Where are they being contested? How are they being modified or reconfigured? How might such processes change into the future?
6. What are some critiques of medicalization and biomedicalization theories? Given all of the changes wrought in medicine, health care, and the medical professions over the past half-century, do you feel that medicine as an institution of social control is becoming weaker, stronger, different in character and/or effect?

Readings:

*Zola, I.K. 1972. Medicine as an Institution of Social Control. *Sociol. Rev. 20*(4), 487 – 504. *Also in Conrad (2009), pp. 470-479.

Ehrenreich, John (Ed.). 1978. *The Cultural Crisis of Modern Medicine*. New York: Monthly Review Press. Pp. 39-79.

Conrad, Peter. 1992. Medicalization and social control. *Annual Review of Sociology.* 18, p. 209-232.

Broom DH, Woodward RV (1996) Medicalisation reconsidered: Toward a collaborative approach to care. *Sociology of Health and Illness.* 18(3): 357- 378. (To be considered)

Conrad, P. and D. Potter (2000). From hyperactive children to ADHD adults: Observations on the expansion of medical categories. *Social Problems.* 47(4): 559-582.

Fox, Renee C. 2001. The medicalization and demedicalization of American society. Pp. 414-419. In *The Sociology of Health and Illness*, 6th ed., edited by P. Conrad. New York: St. Martin's Press.

Clarke, Adele, Janet K. Shim, Laura Mamo, Jennifer R. Fosket, and Jennifer R. Fishman. 2003. Biomedicalization: Technoscientific transformations of health, illness and U.S. biomedicine. *American Sociological Review, 68*(2): 161-194.

Recommended:

Becker, Gay and Robert D. Nachtigall. 1992. "Eager for medicalisation: the social production of infertility as a disease." *Sociology of Health and Illness* 14(4): 456-71.

Clarke, A. E., Shim, J., Shostak, S., & Nelson, A. (2009). Biomedicalising genetic health, diseases and identities. In P. Atkinson, P. Glasner & M. Lock (Eds.), *Handbook of genetics and society*. London/New York: Routledge.

Conrad, P., & Schneider, J. W. (1980). A theoretical statement on the medicalization of deviance. In *Deviance and medicalization: From badness to sickness*. St. Louis: Mosby.

Conrad, P. (2000). Medicalization, genetics, and human problems. In C. E. Bird, P. Conrad & A. M. Fremont (Eds.), *Handbook of medical sociology* (5th ed.). Upper Saddle River, NJ: Prentice Hall.

Conrad, P. (2005). The shifting engines of medicalization. *Journal of Health and Social Behavior, 46*(March), 3-14.

Hedgecoe, A. (1998). Geneticization, medicalization and polemics. *Medicine, Healthcare and Philosophy, 1*, 235-243.

Hedgecoe, A. (2003). Expansion and uncertainty: cystic fibrosis, classification and genetics. *Sociology of Health & Illness, 25*(1), 50-70.

Scott, S. (2006). The medicalisation of shyness: From social misfits to social fitness. *Sociology of Health and Illness, 28*(2), 133-153. doi: 10.1111/j.1467-9566.2006.00485.x

Shostak, S., Conrad, P., & Horwitz, A. V. (2008). Sequencing and its consequences: Path dependence and the relationships between genetics and medicalization. *American Journal of Sociology, 114*(Suppl.), S287-S316.

Sulik, G. (2009). Managing biomedical uncertainty: The technoscientific illness identity. *Sociology of Health and Illness, 30*(7), 1059-1076.

WEEK 10. October 27, 2011. Roots of Social Psychology and the Construction of Health and Illness.

Discussion Questions:

1. How is the historical emergence of the social psychology of health and illness situated within the context of broader sociological concerns and currents?

2. How were scholars who used social psychological approaches in explicit conversation with other theoretical perspectives?

3. How is the focus of SI (symbolic interactionism) different and/or similar than previous theoretical perspectives discussed in the course? How does this manifest in the study of health and illness? Who and/or what are the major focus?

Readings:

Blumer, Herbert. 1969. *Symbolic Interactionism: Perspective and Method*. Berkeley: University of California Press. Pp. 1-21.

Strauss, Anselm L., Shizuko Fagerhaugh, Barbara Suczek, and Carolyn Wiener. 1997. *Social Organization of Medical Work*. New Brunswick: Transaction Books. Pp. 8-39 and 191-209.

Charmaz, Kathy and Virginia Olesen. 1997. "Ethnographic research in medical sociology: its foci and distinctive contributions." *Sociological Research and Methods* 25(4): 452-94.

Davis, Fred. 1963. *Passage Through Crisis: Polio Victims and Their Families*. New York: Bobbs-Merrill Co. Pp. 3-13, 137-64, and 167-79.

Williams, Simon. 1987. "Goffman, interactionism and the management of stigma in everyday life." Pp. 134-64 in *Sociological Theory and Medical Sociology*, edited by Graham Scambler. New York: Tavistock.

Recommended Readings:

Goffman, Erving. 1963. *Stigma: Notes on the Management of Spoiled Identity*. New York: Simon & Schuster. Pp. 1-48 and 73-91.

Charmaz, Kathy. 1999. "From the 'sick role' to stories of self." Pp. 209-39 in *Self, Social Identity, and Physical Health: Interdisciplinary Explorations*, edited by Richard Contrata and Richard D. Ashmore. New York: Oxford University Press.

WEEK 11. November 3, 2011. NO CLASS DUE TO TRAVEL: MAKE UP CLASS TBD
Experiences of Health and Illness: Subjectivity and Structure

Description: In this session, we will continue to examine aspects of the lived experiences of health and illness that had occupied early pioneers in the social psychology of health and illness, and explore how more recent scholars used these approaches. These include interactional processes involved in the shaping of ongoing experiences, conceptions of the self and subjectivity, and the mutual articulations among cultural interpretations, social interactions, and physical events and suffering felt at the material level.

Discussion Questions:

1. How are health and illness social and political phenomena in the conceptions of the various authors?
2. In what ways do considerations of stigma, pain, and other aspects of disability and illness interrogate and problematize dominant cultural ideologies about health, illness, normality, and how we should confront issues of sickness and disability in our own lives?
3. What does an analysis of the experience of illness tell us about routine modes of social interaction? That is, what does an attendance to disrupted meanings reveal about the construction of subjectivity, social relationships, and social structures?
4. How do the authors reconceptualize the experience of living with disability or illness as "work" and what does this reconceptualization contribute to our understandings of our bodies in society?

Readings:

Charmaz, Kathy. 1983. "Loss of self: a fundamental form of suffering in the chronically ill." *Sociology of Health and Illness* 5(2): 168-95.

Corbin, Juliet and Anselm L. Strauss. 1987. Accompaniments of chronic illness: changes in body, self, biography, and biographical time. *Research in the Sociology of Health Care, 6*, 249-81.

Murphy, Robert F. 1987. *The Body Silent*. New York: Henry Holt & Co. Pp. 1-6, 85-136.

Baszanger, Isabelle. 1992. "Deciphering chronic pain." *Sociology of Health and Illness* 14(2): 181-215.

Ware, Norma C. 1992. "Suffering and the social construction of illness: the delegitimation of illness experience in chronic fatigue syndrome." *Medical Anthropology Quarterly* 6(4): 347-61.

Readings to be considered:
Kelly MP, Field D. 1996. Medical sociology, chronic illness and the body. *Sociology of Health and Illness*. 18(2): 241-257.
Pierret J. 2003. The illness experience: state of knowledge and perspectives for research. *Sociology of Health and Illness*. 25(Sp. Iss. SI): 4-22.
Charmaz, Kathy (1995). The body, identity, and self: Adapting to impairment. *Sociological Quarterly, 36*(4), 657-680.
Charmaz, K. (1994). Identity dilemmas of chronically ill men. *Sociological Quarterly, 35*(2), 269-288.

Charmaz, K. and Dana Rosenfeld (2010). Chronic Illness. In William C. Cockerham (Ed.) The New Blackwell Companion to Medical Sociology (pp. 312-333). West Sussex:Blackwell Publishing Ltd.

Williams, SJ. (2000) Chronic illness as biographical disruption or biographical disruption as chronic illness? Reflections on a core concept. *Sociology of Health and Illness.* 22(1): 40-67.

Bury, M. (2001). Illness narratives: fact or fiction? *Sociology of Health and Illness.* 23(3): 263-285.

Bury, Michael. 1982. "Chronic Illness as Biographical Disruption." *Sociology of Health and Illness* 4 (2): 167-182.

Lawton, J. (2003). Lay experiences of health and illness: past research and future agendas. *Sociology of Health & Illness.* 25(Sp. Ill. SI): 23-40.

Pescosolido, Bernice A. 1992. "Beyond Rational Choice: The Social Dynamics of How People Seek Help." *The American Journal of Sociology* 97(4): 1096-38.

WEEK 12. November 10, 2011. Social Constructions of Health and Illness

Description: These classes will touch on some of the cultural and social issues involved in the definitions of "health" and "illness." Furthermore, we will attempt to trace some of the ways in which these conceptions are crafted, sustained, disrupted, and reconstructed, and the consequences that flow from how these terms are constructed and defined.

Discussion Questions:

1. What do the authors tell us about how we define health and illness, disease and well-being? What kinds of knowledges, dynamics, interactions do we draw on in defining these terms?
2. What are the consequences of particular constructions of health and illness, of what constitutes legitimate knowledge about them? What do these constructions have to do with biomedicine, how we understand it, the role it plays in our individual and collective lives?
3. What do these authors say about how a disease entity or category comes about? In what ways can we think of health and illness as socially produced? As socially constructed?
4. Through these readings, in what ways can we understand knowledge about illness and disease as a political phenomenon? How do conceptualizations of health, risk, and illness contribute to power relations in society?
5. In what ways do broader social ideologies about hierarchy and ideas about who gets sick and why interact with each other

Readings:

Berger, Peter L., and Thomas Luckmann. 1966. *The Social Construction of Reality: A Treatise in the Sociology of Knowledge*. New York: Anchor Books. Pp. 19-34.

Bury, Michael R. (1986). Social constructionism and the development of medical sociology. *Sociology of Health and Illness* 8: 137-169.

Brown, Phil. (1995). Naming and Framing: The Social Construction of Diagnosis and Illness. *Journal of Health and Social Behavior.* 35 (extra issue), pp. 34-52.

Smith, Barbara Ellen. 1981. "Black lung: the social production of disease." *International Journal of Health Services* 11(3): 343-59.

Hunt, Linda M, C. H. Browner, and Brigitte Jordan. 1990. "Hypoglycemia: portrait of an illness construct in everyday use." *Medical Anthropology Quarterly* 4(2): 191-210.

Radley, Alan and Michael Billig. 1996. "Accounts of illness and health: dilemmas and representations." *Sociology of Health and Illness* 18(2): 220-40.

WEEK 13, November 17, 2011. Social Construction of Biomedical Knowledge and Practices

Description: This class will touch on issues around the construction of biomedical knowledges and practices. Who usually shapes what kinds of biomedical knowledges, and how are they produced? Who is excluded from participation? What are some of the implications and consequences of legitimated or unauthorized knowledges on the experience of health and illness? How might we evaluate and better understand why attention is paid to some problems and not to others?

Discussion Questions:

1. What conditions what we know about illness, the body, well-being? What are the authors' conceptualizations of how various knowledges about health and illness come into being?
2. What does it mean for biomedical knowledges and practices to be "constructed"? In what ways are these products of social processes? What is the nature, content, and shape/trajectory of these processes?
3. What pictures are offered by the authors of the contexts within which biomedical knowledge and practices are constructed?
4. How do the authors view the "traffic" that occurs between the content of scientific knowledge and the broader social, cultural, political, and historical contexts that cradle it? What boundaries and dichotomies do various social actors attempt to erect, police, sustain, and contest? Why, and with what consequences?
5. What do each of the authors contribute to Casper and Berg's charge to "move beyond epistemology"? What are some of the politics, consequences, significance for policy, lived experiences, and how we set up our health care institutions and distribute health resources?
6. How do lay knowledges effect the dominant constructions of health and illness? Shift the power dynamics in the doctor-patient relations?

Readings:

Wright, Peter, and Andrew Treacher. 1982. "Introduction." Pp. 1-22 in *The Problem of Medical Knowledge: Examining the Social Construction of Medicine*, edited by Peter Wright, and Andrew Treacher. Edinburgh: Edinburgh University Press.

Figert, Anne E. 1995. "The three faces of PMS: the professional, gendered and scientific structuring of a psychiatric disorder." *Social Problems* 42(1): 56-73.

Brown, Phil. 1992. "Popular epidemiology and toxic waste contamination: lay and professional ways of knowing." *Journal of Health and Social Behavior* 33(3): 267-81.

Arksey, Hilary. 1994. "Expert and lay participation in the construction of medical knowledge." *Sociology of Health and Illness* 16(4): 448-68.

Casper, Monica J., and Marc Berg. 1995. "Constructivist perspectives on medical work: medical practices in science and technology studies." *Science, Technology, and Human Values* 20(4): 395-407.

Timmermans, Stephan and Mark Berg (2003). The practice of medical technology. *Sociology of Health and Illness.* 25: 97-114.

Recommended:

Prior, Lindsay. 2003. Belief, knowledge, and expertise: The emergence of lay expert in medical sociology. *Sociology of Health and Illness*. 25: 43-57.

Popay, Jennifer, Gareth Williams, Carol Thomas, and Tony Gatrell. 1998. "Theorising inequalities in health: the place of lay knowledge." *Sociology of Health and Illness* 20(5): 619-44.

Hughner, Renee Shaw, and Susan Schultz Kleine. 2004. Views of health in the lay sector: a compilation and review of how individuals think about health. *Journal for the Social Study of Health, Illness, and Medicine.* 8(4): 395-422.

Barbot, Janine, and Nicolas Dodier. 2002. Multiplicity in scientific medicine: The experience of HIV-positive patients. *Science, Technology, & Human Values.* 27(3): 404-440.

Readings to be considered:
Timmermans S, Kolker ES. 2004. Evidence-based medicine and the reconfiguration of medical knowledge. *Journal of Health and Social Behavior.* 45(Sp. Iss. SI): 177-193.

Epstein, Steven. 2008. Inclusion: The Politics of Difference in Medical Research. Chicago, IL: University of Chicago Press.

WEEK 14. November 24, 2011. NO CLASS DUE TO THANKSGIVING HOLIDAY

WEEK 15. December 1, 2011. Social Movements in Health and Illness

Description: This session will be concerned with the critical roles that disease construction, illness experiences, "expert" and "lay" knowledges all play in the emergence of social communities and activism around health issues. As such, it is a continuation of sorts from last week's class on biomedical knowledges. There are numerous sociological theories about social movements, and we will discuss some of the most commonly used perspectives. We will also trace some of the conditions that give rise to health-related social movements, the forces that give shape to their histories and dynamics, and the effects that they can have at the level of lived experiences as well as public policies.

Discussion Questions:

1. What specific aspects of health and illness do health social movements organize around and what are the central challenges? Whose knowledge counts in these debates?

2. What different notions of "identity" do these authors discuss as central to the success (or failure) of health social movements?

3. What shifts and changes do we see in the role of information, knowledge and literacy in health social movements? In an individual's confidence to make a difference (agency)? In the formation of group identities?

Readings: (Possible changes to readings to be announced.)

Johnston, Hank, Enrique Laraña, and Joseph R. Gusfield. 1994. "Identities, grievances, and new social movements." Pp. 3-35 in *New Social Movements: From Ideology to Identity*, edited by Enrique Laraña, Hank Johnston, and Joseph R. Gusfield. Philadelphia: Temple University Press.

Brown P, Zavestoski S (2004). Social movements in health: an introduction. *Sociology of Health and Illness*. 26(6):679-694.

*Brown, Phil, Stephen Zavestoski, Sabrina McCormick, Brian Mayer, and Rachel Morello-Frosch (2004). Embodied health movements: a new conceptual framework for social movement research. *Sociology of Health and Illness*. 26(1): 50-80. *In Conrad (2009), pp. 592-604.

Epstein, Steven. 1995. "The construction of lay expertise: AIDS activism and the forging of credibility in the reform of clinical trials." *Science, Technology and Human Values* 20(4): 408-37.

Klawiter, M. (2004). Breast caner in two regimes: The impact of social movements on illness experience. *Sociology of Health & Illness, 26*(6), 845-874.

Hess, David J. (2004). Medical modernisation, scientific research fields and the epistemic politics of health social movements. *Sociology of Health & Illness, 26*(6), 695–709.

Recommended:

Benford, R. D., & Snow, D. A. (2000). Framing processes and social movements. *Annual Review of Sociology, 26*, 611-639.

Beard, R. (2004). Advocating voice: organizational, historical, and social milieux of the Alzheimer's disease movement. *Sociology of Health & Illness, 26*(6), 797-819.

Bernstein, M. (2005). Identity politics. *Annual Review of Sociology, 31*, 47-74.

Chamak, B. (2008). Autism and social movements: French parents' associations and international autistic individuals' organisations. *Sociology of Health & Illness, 30*(1), 76-96. Epstein, Steven.

Patient groups and health movements. (2008). In Hackett, E.J., Amsterdamska, O., Lynch, M., and Judy Wajcman (Eds.) *The Handbook of Science and Technology Studies 3rd Edition.* Cambridge, MA: MIT Press.

Epstein, S. (1996). *Impure science: AIDS, activism, and the politics of knowledge*. Berkeley: University of California Press.

Frickel, S., & Moore, K. (2006). *The new political sociology of science*. Madison: The University of Wisconsin Press.

Ganchoff, C. (2004). Regenerating movements: Embryonic stem cells and the politics of potentiality. *Sociology of Health & Illness, 26*(6), 757-774.

Kolker, E. S. (2004). Framing as a cultural resource in health social movements: Funding activism and the breast cancer movement in the US 1990-1993. *Sociology of Health & Illness, 26*(6), 820-844.

Klandermans, B. (1992). The social construction of protest and multiorganizational fields. In A. Morris & C. Mueller (Eds.), *Frontiers in social movement theory*. New Haven: Yale University Press.

Klawiter, M. (2008). *The biopolitics of breast cancer: Changing cultures of disease and activism*. Minneapolis: University of Minnesota Press.

Rabeharisoa, V. (2006). From representation to mediation: The shaping of collective mobilization on muscular dystrophy in France. *Social Science & Medicine, 62*, 564-576.

Landzelius, K. (2006). Introduction: Patient organization movements and new metamorphoses of patienthood. *Social Science & Medicine, 62*, 529-537.

McAdam, D. (1999). *Political process and the development of black insurgency 1930-1970*. Chicago: The University of Chicago Press.

Novas, C. (2006). The political economy of hope: Patients' organizations, science and biovalue. *BioSocieties, 1*, 289-305.

Panofsky, A. (2011). Generating sociability to drive science: Patient advocacy organizations and genetics research. *Social Studies of Science, 4*(1), 31-57.

Pichardo, N. A. (1997). New social movements: a critical review. *Annual Review of Sociology, 23*, 411-430.

Poletta, F., & Jasper, J. M. (2001). Collective identity and social movements. *Annual Review of Sociology, 27*, 283-305.

Rabeharisoa, V., & Callon, M. (2002). The involvement of patients' associations in research. *International Social Science Journal, 54*(171), 57-65.

Stockdale, A. (1999). Waiting for the cure: Mapping the social relations of human gene therapy research. *Sociology of Health & Illness, 21*(5), 579-596.

Zevestoski, S., Brown, P., McCormick, S., Mayer, B., D'Ottavi, M., & Lucove, J. C. (2004). Patient activism and the struggle for diagnosis: Gulf War illnesses and other medically unexplained physical symptoms in the U.S. *Social Science & Medicine, 58*(1), 161-175.

Week 16. December 8, 2011. Emerging Issues and the Future of Medical Sociology

Description: The goal of this final session will be to try to look forward and outward to broader issues that concern medical sociology and the social study of health and medicine in general.

Discussion Questions:

1. Sociological writing and sociologists themselves often exhibit a dual, inter-related, and reciprocal character: on the one hand, analytic—that is, describing what is, what has changed, and providing explanatory accounts for these; on the other hand, prescriptive— advocating ways to ameliorate what is defined to unjust, inefficient, unethical, or otherwise amiss in a social situation. What are the various prescriptions that these authors offer for changing the health care system for the better?
2. What are the "definitions of the situation" or articulations of the "problems" of health care that underlie these prescriptive agendas?
3. What is on the horizon for macro-level and micro-level perspectives in medical sociology? How do these reflect historically prevailing concerns in our discipline?
4. What are some of the emergent issues in the systems and organizations and institutional practices we construct to manage health and sickness, both those highlighted in the readings and those you see on the horizon? What are some of the big changes that we as medical sociologists need to confront and analyze? In what ways do these shifts compel new thinking and theorizing?
5. In what ways are the social processes around health and illness in a post-industrial or postmodern society distinct from those of a modern one?
6. What directions might occupy our disciplines in the immediate future? What gaps are yet to be filled?
7. What do we want/need/desire from biomedicine? How can we change the ways in which biomedicine inheres and is embedded within our social order at present?

Readings:

Readings: TBD, but tentative list below:

*McKinlay, J.B. (1975). A case for refocusing upstream: The political economy of illness. In *Applying Behavioral Science to Cardiovascular Risk* (pp. 7-17). New York: American Heart Association. *In Conrad (2009), pp. 578-591.

Pescosolido, Bernice A., Jane McLeod, and Margarita Alegria. (2000). Confronting the Second Social Contract: The Place of Medical Sociology in Research and Policy for the Twentieth-First Century. In *Handbook of Medical Sociology, 5th ed.*, edited by Chloe Bird, Peter Conrad, and Allen M. (pp. 411-426). Fremont. Upper Saddle River, NJ: Prentice Hall.

Hankin, J.R. and Eric R. Wright (2010). Reflections on Fifty Years of Medical Sociology. *Journal of Health and Social Behavior*, *51*(S), S10-S14.

Mechanic, David and Donna D. McAlpine (2010). Sociology of Health Care Reform: Building on Research and Analysis to Improve Health Care. *Journal of Health and Social Behavior, 51*(S): S47-S159.

Conrad, Peter and Kristin K. Barker (2010). The Social Construction of Illness: Key Insights and Policy

Implications. *Journal of Health and Social Behavior, 51* (S), S67-S79.

Williams, David R. and Michelle Sternthal. (2010). Understanding racial-ethnic disparities in health: Sociological contributions. *Journal of Health and Social Behavior, 51*(S), S15-S27.
OR
Williams, David R., Mohammed, Selina A., Leavell, Jacinta, and Chiquita Collins (2010). Race, socioeconomic status, and health: Complexities, ongoing challenges, and research opportunities. *Ann. N.Y. Acad. Sci*. 1186. p. 69–101.

Phelan, Jo C., Link, Bruce G. and Parisa Tehranifar (2010). Social conditions as fundamental causes of health inequalities: Theory, evidence and policy implications. *Journal of Health and Social Behavior, 51*(S), S28-S40.

Boyer, Carol A. and Karen E. Lutfey (2010). Examining Critical Health Policy Issues within and beyond the Clinical Encounter: Patient -Provider Relationships and Help-seeking Behaviors. *Journal of Health and Social Behavior, 51* (S), S80-S93.

Timmermans, S. and Hyeyoun Oh. (2010). The continued social transformation of the medical profession. *Journal of Health and Social Behavior, 51* (S), S94-S106.

Casper, Monica J. and Daniel R. Morrison. (2010). Medical Sociology and Technology: Critical Engagements. *Journal of Health and Social Behavior, 51* (S), S120-S132.

Readings to be considered:
Berg M. 1998. Medical work and the computer-based patient record: A sociological perspective. *Methods of Information in Medicine*. 37(3): 294-301.
Freidson, Eliot. 2001. Professionalism: The Third Logic. Chicago: University of Chicago Press. Pp. 179-196.
Farmer, Paul. 2005. Pathologies of Power: Health, Human Rights, and the New War on the Poor. Berkeley, CA: University of California Press. Pp. 213-246.
Rabinow, Paul and Nikolas Rose. 2006. Biopower today. Biosocieties 1: 195-217.
Timmerman, Stefan and Stephen Haas. 2008. Toward a sociology of disease. *Sociology of Health & Illness* 30(5): 659-676.
Jutel A. 2009. Sociology of diagnosis: a preliminary review. *Sociology of Health and Illness*. 31(2):278-299.
Nettleton S. 2006. 'I just want permission to be ill': Towards a sociology of medically unexplained symptoms. Social Science & Medicine. 62(5): 1167-1178.

Template for Critical Reviews

CITATION: Provide a complete citation in ASA citation style.

MAJOR CONCEPTS AND/OR THEORIES ADDRESSED (feel free to define concepts that are new and that you are learning for the first time)

DISCUSSION QUESTIONS: Two thoughtful questions that you would like to address to the class based on the review.

CORE ARGUMENT/THESIS/BRIEF SUMMARY/THEORETICAL PERSPECTIVE: A summary of the theoretical position of the author and her/his core points and arguments.

METHODS AND DATA SOURCES (IF APPLICABLE):

CRITIQUE: A brief reflection on its relationship to the other material assigned for that session, and how it relates to readings encountered earlier in the course (e.g., theoretically consonant—if so, how; in disagreement—if so, how; elaboration of another's argument; etc.). Based on the reading, answers to all those discussion questions for that session that are applicable to that reading, and/or address questions brought up by students in class.